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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
'-26500	East Hills, Inc
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Managing the Estates of George Hazard and Frances Hazard to Foster Social activities amoung their descendents.

5. Principal office address	City	State	Zip
60 South County Commons Way, Ste G4	Wakefield	RI	02879

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Elizabeth K. Hellewell	30 Holly Circle	Windsor	CT	06905

Vice-President Name	Street Address	City	State	Zip
Robert G. Rueter	30 Elliot Terrace, Apt 2	Brattleboro	VT	05301

Secretary Name	Street Address	City	State	Zip
Jennifer Atlee	87 East Taylor Hill Road	Montague	MA	01351

Treasurer Name	Street Address	City	State	Zip
Todd Hellewell	30 Holly Circle	Windsor	CT	06905

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Joanne Rueter	30 Elliot Terrace, Apt 2	Brattleboro	VT	05301

Director Name	Street Address	City	State	Zip
Jennifer Atlee	87 East Taylor Hill Road	Montague	MA	01351

Director Name	Street Address	City	State	Zip
Elizabeth K. Hellewell	30 Holly Circle	Windsor	CT	06095

Director Name	Street Address	City	State	Zip
NONE	NONE	NONE	NONE	NONE

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED
JUN 11 2014
400

File Date _____
Check No _____
By: _____ **BY** _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Elizabeth K. Hellewell
Signature of Officer or Authorized Representative Date

Elizabeth K. Hellewell/President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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