



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Non-Profit  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 001683360

**2. Name of Corporation** HILL for Literacy, Inc.

**3. State of Incorporation**

State: MA

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Principal Office Address**

No. and Street: 800 WEST CUMMINGS PARK, SUITE 3375

City or Town: WOBURN

State: MA Zip: 01801 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

EDUCATIONAL SUPPORT

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	FRANK B NEUENHAUS	2 PEARL ROAD BOXFORD, MA 01921 USA
TREASURER	GEOFFREY MACDONALD	23 BAY STATE RD., #8 BOSTON, MA 02215 USA
SECRETARY	LAURIE LAVALLEE	19 WEST MAIN ST., #16 MERRIMAC, MA 01860 USA
DIRECTOR	DARCI BURNS	28 MOREL CIRCLE WAKEFIELD, MA 01880 USA
DIRECTOR	DAVID POOLE	141 HIGHLAND STREET DEDHAM, MA 02026 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

REGISTERED AGENTS INC. 47 WOOD AVE. STE 2 BARRINGTON , RI 02806

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

**Signed this 4 Day of June, 2021 at 10:50:01 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By LAURIE LAVALLEE  
Signature of Authorized Person

Form No. 631  
Revised 09/07