State of Rhode Island

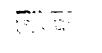
Department of State - Business Services Division

Annual Report for the year: 2022

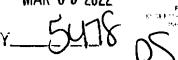
Corporation

→ Filing period: February 1 - May 1

Filing Fee: \$50.00



MAR 0 9 2022



→ Penalty: Additional \$25.00 f						
1. Entity ID Number 16892	2. Exact name of the Corporation HILL FUNERAL HOME, INC.					
3. Principal Office Address 822 MAIN STREET			City EAST G	EAST GREENWICH		Zip 02818
4. NAICS Code 812210 5. State of Incorporation RHODE ISLAND	6. Brief description of the character of business conducted in Rhode Island FUNERAL HOME AND RELATED SERVICES.					
7. List ALL officers (names and ad President Name DEBORAH A.	Check the box to indicate an attachment Vice-President Name BETSY M. HARRIS					
Street Address 822 MAIN STR	Street Address 822 MAIN STREET					
^{City} EAST GREENWICH	State RI	^{Zip} 02818	City EAST GREENWICH		State RI	^{Zıp} 02818
Secretary Name BETSY M. HARRIS			Treasurer Name DEBORAH A. RUNSHE			
Street Address 822 MAIN STREET			Street Address 822 MAIN STREET			
^{City} EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH		State RI	^{Zip} 02818
8. List ALL directors (names and a	ddresses)	1	ı	Check	the box to ir	ndicate an attachment 🔲
Director Name DEBORAH A. RUNSHE			Director Name BETSY M. HARRIS			
Street Address 822 MAIN STREET			Street Address 822 MAIN STREET			
City EAST GREENWICH	State RI	^{Zip} 02818	City EAST GREENWICH		State RI	^{Zip} 02818
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
9: Shares Authorized		10. Shares issa	:ed	Check	ths box to in	ndicate an attachment 🔲
This information is currently of record in the Department of State.		NUMBER OF SHARES 200		CI ASS/SERIES COMMON		PAR VALUE NONE
Changes require an additional filing	•			•		
11. This report must be executed of	on behalf of the	corporation by an a	uthorized repre	I sentative. If the corpo	ration is in t	L
trustee, this report must be execut	ed on behalf of t	he corporation by t	he receiver or t	rustee.		
Under penalty of perjury, I decla statements, and that all stateme	nts contained l			including any accom	<u> </u>	cnedules and
Name of Authorized Representative DEBORAH A. RUNSHE, PRESIDENT					3-2-21	
Signature of Authorized Represent		2			, 0	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov