



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

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

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BY 5478FOR
RECORD
MAINTENANCE

1. Entity ID Number 16892		2. Exact name of the Corporation HILL FUNERAL HOME, INC.			
3. Principal Office Address 822 MAIN STREET			City EAST GREENWICH	State RI	Zip 02818
4. NAICS Code 812210		6. Brief description of the character of business conducted in Rhode Island FUNERAL HOME AND RELATED SERVICES.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DEBORAH A. RUNSHE			Vice-President 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
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 addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 200	CLASS/SERIES COMMON	PAR VALUE NONE	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative DEBORAH A. RUNSHE, PRESIDENT					Date 3-2-22
Signature of Authorized Representative <i>Deborah A. Runshe</i>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov