



**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: February 1 - May 1

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: 2023

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

813920

4. Principal Office Address

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

City or Town: WOBURN

State: MA Zip: 01801 Country: USA

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

PRESIDENT	DARCI BURNS	28 MOREL CIRCLE WAKEFIELD, MA 01880 USA
CLERK	SHIRA COHEN	14 DOUGLAS RD MEDFORD, MA 02155 USA
BOARD CHAIRMAN	DAVID POOLE	47 COLBURN RD WELLESLEY, MA 02481 USA
DIRECTOR	JENNIFER CURTIS	4 LINDEN PL WEYMOUTH, MA 02189 USA
DIRECTOR	PAMELA HOOK	40 SELWYN ROAD BELMONT, MA 02478 USA
DIRECTOR	BRAD NEUENHAUS	2 PEARL ROAD BOXFORD, MA 01921 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 11 Day of April, 2023 at 1:27:05 PM 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 SHIRA COHEN
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2023 State of Rhode Island
All Rights Reserved