



Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

FILED STATE

MAY 09 2023

BY 4018 DS

1. Entity ID Number 000026500		2. Exact name of the Corporation EAST HILLS, INC			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island MANAGING THE ESTATES OF GEORGE HAZARD AND FRANCES HAZARD TO FOSTER SOCIAL ACTIVITIES AMONG THEIR DESCENDANTS			
4. NAICS Code 81322					
6. Principal Office Address 2717P Commodore Hazard Perry Highway		City Wakefield		State RI	Zip 02879
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name David Hellewell		Vice-President Name ROBERT RUETER			
Street Address 67 New Hampshire Rt 63		Street Address 68 OAKMAN STREET			
City Westmoreland	State NH	Zip 03467	City MONTEGUE	State MA	Zip 01376
Secretary Name Tristen Hellewell		Treasurer Name Todd Hellewell			
Street Address 58 Old Blue PT Road		Street Address 30 Holly Circle			
City Scarborough	State ME	Zip	City Windsor	State CT	Zip 06095
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment					
Director Name SARA HELLEWELL		Director Name JOANNA E RUETER			
Street Address 19 Elmwood Avenue		Street Address 68 OAKMAN STREET			
City Cherry Valley	State MA	Zip 01611	City MONTEGUE	State MA	Zip 01376
Director Name JENNIFER ALTEE		Director Name MARKO PACKARD			
Street Address 87 E TAYLOR HILL ROAD		Street Address 87 E TAYLOR HILL ROAD			
City MONTEGUE	State MA	Zip 01351	City MONTEGUE	State MA	Zip 01351
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative David Hellewell				Date 04/20/23	
Signature of Officer/Authorized Representative 					

2023 Annual Report Attachment

Director Name: Elizabeth Hellewell

Street Address: 30 Holly Circle

City: Windsor

State: CT

Zip Code: 06095

Director Name: Evah Hellewell

STREET ADDRESS: 58 Old Blue Point Road

CITY: Scarborough

STATE: ME

ZIP CODE: 04074

FILED
MAY 09 2023
BY *YD18*
PS