


**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: Eryn Correa Name 6531 Bartlett Street, Apt. 2 Address Pittsburgh PA 15217 City State Zip Code	Annual Benefit Report - Benefit Corporation DSCB:15-3331 (rev. 2/2017)  3331
<input type="checkbox"/> Return document by email to: _____	

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$70.00

In compliance with the requirements of the provisions relating to the filing of an annual benefit report, the undersigned benefit corporation hereby states that:

1. The name of the corporation is:

Hellbender Inc.

2. Complete part (a) or (b) – not both:

(a) The address of this corporation’s current registered office in this Commonwealth is:

Number and Street	City	State	Zip	County
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(b) name of its commercial registered office provider and the county of venue is:

c/o: %Trellis Legal, LLC	Allegheny
Name of Commercial Registered Office Provider	County

3. A narrative description of:

(i) the ways in which the benefit corporation pursued general public benefit during the year and the extent to which general public benefit was created;

Please see attachment.

(ii) the ways in which the benefit corporation pursued any specific public benefit that the articles state is the purpose of the benefit corporation to create and the extent to which that specific public benefit was created;

Please see attachment.

(iii) any circumstances that have hindered the creation by the benefit corporation of general or specific public benefit; and

Please see attachment.

(iv) the process and rationale for selecting or changing the third-party standard used to prepare the benefit report.

Please see attachment.

4. An assessment of the overall social and environmental performance of the benefit corporation against a third-party standard applied consistently with any application of that standard in prior benefit reports or accompanied by an explanation of the reasons for any inconsistent application.

Please see attachment.

5. The name of the benefit director is required; the name of the benefit officer is optional, if any, and the address to which correspondence to each of them may be directed.

Louisa Michaels ,620 William Pitt Way , BLDG C5-132 , Pittsburgh , Allegheny , PA , United States , 15238

6. The compensation paid by the benefit corporation during the year to each director in that capacity.

\$25,000 in Restricted Stock Awards.

7. The annual compliance statement of the benefit director described in section 3322(c) (relating to benefit director). Check applicable statements and strikeout inapplicable statements.

In the opinion of the benefit director, the benefit corporation acted in accordance with its general and any specific public benefit purpose in all material respects during the period covered by this report.

In the opinion of the benefit director, the directors and officers complied with sections 3321(a) (relating to standard of conduct for directors) and 3323(a) (relating to standard of conduct for officers), respectively.

~~In the opinion of the benefit director, the benefit corporation or its directors or officers failed so to act. Following is a description of the ways in which the benefit corporation or its directors or officers failed so to act:~~

8. A statement of any connection is required between the organization that established the third-party standard, or its directors, officers or any holder of 5% or more of the governance interests in the organization, and the benefit corporation or its directors, officers or any holder of 5% or more of the outstanding shares of the benefit corporation, including any financial or governance relationship which might materially affect the credibility of the use of the third-party standard.

There is no connection between B Lab Company and Hellbender Inc.

IN TESTIMONY WHEREOF, the undersigned registrant has caused this Annual Benefit Report to be signed by a duly authorized officer this 19th day of April, 2022 .

Hellbender Inc.

Name of Corporation

Louisa Michaels

Signature

Benefit Director

Title