State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

****In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
152536	HGR, INC.			
3. Street Address Principal Business Office		City	State	Zip
ONE RICHMOND SQUARE		PROVIDENCE	RI	02906
4. Business Phone No.	5. State of Incorporation			
	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE GENERAL INTERNET, COMPUTER AND RELATED SERVICES, WHETHER THROUGH RENTAL, SALE, SUPPORT, MAINTENANCE AND TO OTHERWISE DEAL IN AND DEAL WITH THE INTERNET COMPUTER AND RELATED SERVICES.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
DWIGHT E. SCHROTT			KARIN A. SCHROTT		
Street Address			Street Address		
ONE RICHMOND SQUARE			ONE RICHMOND SQUARE		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02906	PROVIDENCE	RI	02906
Secretary Name			Treasurer Name		
KARIN A. SCHROTT			DWIGHT E. SCHROTT		
Street Address			Street Address		
ONE RICHMOND SQUARE			ONE RICHMOND SQUARE		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02906	PROVIDENCE	RI	02906

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
DWIGHT E. SCHROTT			KARIN A. SCHROTT		
Street Address			Street Address		
SAME AS ABOVE			SAME AS ABOVE		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 $0.01 PAR VALUE			200	COMMON	NO PAR

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.

[redacted]

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File Date JUL 0 1 2008

Check No. 062780

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature 2-29-08 *Date*

DWIGHT E. SCHROTT
Print or Type Name

[redacted] PRESIDENT
Title

Form 630 Rev. 12/06