

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St.

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____ 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00*

* 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 pend	alty fee of \$25.00.				
1. Corporate ID No. 000105016	2. Name of Corpor HUGHES A	ration SSOCIATES, INC.				
3. Street Address Principal Business Office 3610 COMMERCE DRIVE, #817			City BALTIMORE	State MD	<i>z</i> ір 21227	
4. Business Phone No. 410-737-8677		MARYLAND				
6. Brief Description of the Chi ENGINEERING SER		ed in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR A President Name PHILIP J. DINENNO			**TTACHMENT** FILL IN SPACES BEFORE USING ATTACHMENTS **Vice President Name** EDWARD K. BUDNICK			
Street Address 3610 COMMERCE DRIVE, # 817			Street Address 3610 COMMERCE DRIVE, # 817			
City BALTIMORE	State MD	Zip 21227	City BALTIMORE	State MD	^{Ζip} 21227	
Secretary Name CRAIG L. BEYLER			Treasurer Name CRAIG L. BEYLER			
Street Address 3610 COMMERCE DRIVE, # 817			Street Address 3610 COMMERCE DRIVE, #817			
City BALTIMORE	State MD	Ζίρ 21227	City BALTIMORE	State MD	^{Zip} 21227	
8. NAMES AND ADDR Director Name PHILIP J. DINENN		CTORS: ("X" BOX FOR	ATTACHMENT) FILL IN Director Name CRAIG L. BEYLER	SPACES BEFORE USING	G ATTACHMENTS	
Street Address 3610 COMMERCE DRIVE, #817			Street Address 3610 COMMERCE DRIVE, # 817			
Gity BALTIMORE	State MD	Zip 21227	City BALTIMORE	State MD	Zip 21227	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ("X" BOX FOR A	ATTACHMENT)	10. SHARES ISSUED	("X" BOX FOR ATTACE	 HMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
10,000	COMMON	0.00	1,632	COMMON	0.00	
		e corporation by an auth corporation by the rece	orized representative. If the civer or trustee.	corporation is in the hands	s of a 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
FILED 67:01 NV 8336007 8000	contained herein are true and correct. Ally J. Minenno 2/1/109 Signature Date Philip J. Dinenno
By: FOR SECRETARY OF STATE USE ONLY	Print or Type Name Cosidert Title Form 630 Rev. 12/05