



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**STAMP**

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 RECORDING PURPOSES  
 USE ONLY

**Annual Report for the year: 2018**

**Limited Liability Company**

- Filing period: September 1 - November 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

|                                                                                                                                                                                                             |       |                                                                                                   |      |                           |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------|------|---------------------------|---------------------|
| 1. Entity ID Number<br><b>000164169</b>                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br><b>HUGO REALTY SERIES, LLC</b>                  |      |                           |                     |
| 3. NAICS Code<br><b>531120</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate</b> |      |                           |                     |
| 5. State of Formation<br><b>Delaware</b>                                                                                                                                                                    |       |                                                                                                   |      |                           |                     |
| 6. Principal Office Address<br><b>268 Douglas Road</b>                                                                                                                                                      |       | City<br><b>Whitinsville</b>                                                                       |      | State<br><b>MA</b>        | Zip<br><b>01588</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                   |      |                           |                     |
| Contact Name <b>Carol Gogolinski</b>                                                                                                                                                                        |       | Contact Title <b>Member</b>                                                                       |      |                           |                     |
| Street Address <b>268 Douglas Road</b>                                                                                                                                                                      |       | City <b>Whitinsville</b>                                                                          |      | State <b>MA</b>           | Zip <b>01588</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                   |      |                           |                     |
| Manager Name                                                                                                                                                                                                |       | Manager Name                                                                                      |      |                           |                     |
| Street Address                                                                                                                                                                                              |       | Street Address                                                                                    |      |                           |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                               | City | State                     | Zip                 |
| Manager Name                                                                                                                                                                                                |       | Manager Name                                                                                      |      |                           |                     |
| Street Address                                                                                                                                                                                              |       | Street Address                                                                                    |      |                           |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                               | City | State                     | Zip                 |
| Check the box to indicate an attachment: <input type="checkbox"/>                                                                                                                                           |       |                                                                                                   |      |                           |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                   |      |                           |                     |
| <b>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.</b> |       |                                                                                                   |      |                           |                     |
| Name of Authorized Person<br><b>Carol Gogolinski</b>                                                                                                                                                        |       |                                                                                                   |      | Date<br><b>8/28/ 2018</b> |                     |
| Signature of Authorized Person<br><i>Carol Gogolinski</i>                                                                                                                                                   |       |                                                                                                   |      | SIGN DOCUMENT HERE        |                     |

**MAIL TO:**

**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

**AUG 30 2018**

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