



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2019**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.
 Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 107046		2. Exact name of the Corporation HUGHES, INC.			
3. Principal office address 74 CHEROKEE LANE			City NORTH KINGSTOWN	State RI	Zip 02852
4. Business Phone No. 401-885-7568		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island OPERATING A BUSINESS DEALING WITH THE SALE, USE, RENT, LEASE, MANUFACTURE AND CONSULTATION PERTAINING TO ELECTRICAL SERVICES AND COMPUTER NETWORKING SERVICES.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JAMES S. HUGHES			Vice-President Name DONALD R. HUGHES		
Street Address 74 CHEROKEE LANE			Street Address 35 GLEN DRIVE		
City NORTH KINGSTOWN	State RI	Zip 02852	City WARWICK	State RI	Zip 02889
Secretary Name RENEE L. HUGHES			Treasurer Name JAMES S. HUGHES		
Street Address 74 CHEROKEE LANE			Street Address 74 CHEROKEE LANE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JAMES S. HUGHES			Director Name		
Street Address 74 CHEROKEE LANE			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			110	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.

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY RY

FILED

JAN 24 2019

4670

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.

James S. Hughes 1/21/19
 Signature of Authorized Representative Date

JAMES S. HUGHES, PRESIDENT
 Print or Type Name of Authorized Representative