



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2019**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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|   |                    |   |   |                               |                         |
|---|--------------------|---|---|-------------------------------|-------------------------|
| 1. Entity ID Number<br><b>152536</b>  |                    | 2. Exact name of the Corporation<br><b>HGR, Inc.</b>  |   |                               |                         |
| 3. Principal Office Address<br><b>1 Richmond Square</b>   |                    |   | City<br><b>Providence</b>   | State<br><b>RI</b>            | Zip<br><b>02906</b>     |
| 4. NAICS Code<br><b>541513</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>To provide general internet, computer, and related services</b> |   |                               |                         |
| 5. State of Incorporation<br><b>Rhode Island</b>  |                    |   |   |                               |                         |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>   |                    |   |   |                               |                         |
| President Name<br><b>Karin A. Schrott</b>   |                    |   | Vice-President Name<br><b>Karin A. Schrott</b>  |                               |                         |
| Street Address<br><b>1 Richmond Square</b>  |                    |   | Street Address<br><b>1 Richmond Square</b>  |                               |                         |
| City<br><b>Providence</b>   | State<br><b>RI</b> | Zip<br><b>02906</b>   | City<br><b>Providence</b>   | State<br><b>RI</b>            | Zip<br><b>02906</b>     |
| Secretary Name<br><b>Karin A. Schrott</b>   |                    |   | Treasurer Name<br><b>Karin A. Schrott</b>   |                               |                         |
| Street Address<br><b>1 Richmond Square</b>  |                    |   | Street Address<br><b>1 Richmond Square</b>  |                               |                         |
| City<br><b>Providence</b>   | State<br><b>RI</b> | Zip<br><b>02906</b>   | City<br><b>Providence</b>   | State<br><b>RI</b>            | Zip<br><b>02906</b>     |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                               |                         |
| Director Name<br><b>Karin A. Schrott</b>  |                    |   | Director Name<br><b>Dwight E. Schrott</b>   |                               |                         |
| Street Address<br><b>1 Richmond Square</b>  |                    |   | Street Address<br><b>1 Richmond Square</b>  |                               |                         |
| City<br><b>Providence</b>   | State<br><b>RI</b> | Zip<br><b>02906</b>   | City<br><b>Providence</b>   | State<br><b>RI</b>            | Zip<br><b>02906</b>     |
| Director Name   |                    |   | Director Name   |                               |                         |
| Street Address  |                    |   | Street Address  |                               |                         |
| City  | State              | Zip   | City  | State                         | Zip                     |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.  |                    |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                               |                         |
|   |                    |   | NUMBER OF SHARES<br><b>200</b>  | CLASS/SERIES<br><b>Common</b> | PAR VALUE<br><b>.01</b> |
|   |                    |   |   |                               |                         |
| 11. 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. |                    |   |   |                               |                         |
| <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 Representative<br><b>Karin A. Schrott</b>  |                    |   |   |                               | Date<br><b>3/28/19</b>  |
| Signature of Authorized Representative<br>  |                    |   |   |                               |                         |

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