RI SOS Filing Number: 202328241620 Date: 2/7/2023 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED						
STAMP FEB 07 2023						
BY SOCRETARY C STATE						
7.0						

1. Entity ID Number	2. Exact name of the Corporation						
107046	Hughes, Inc.						
Principal Office Address 74 Cherokee Lane			City North King	gstown	State RI	<sup>Zip</sup> 02852	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
511211	Operating a business dealing with the sale, rent, lease, manufacture, and						
5. State of Incorporation Rhode Island	consultation pertaining to electrical services, and computer networking services.						
7. List ALL officers (names and add	resses)		.,	Check t	he box to in	ndicate an attachment	
President Name James S. Hughes			Vice-President Name				
Street Address 74 Cherokee La	Street Address						
<sup>City</sup> North Kingstown	State RI	<sup>Zip</sup> 02852	City		State	Zip .	
Secretary Name Renee L. Hugt	ee L. Hughes			Treasurer Name James S. Hughes			
Street Address 74 Cherokee Lane			Street Address 74 Cherokee Lane				
<sup>City</sup> North Kingstown	State RI	<sup>Zip</sup> 02852	City North Kingstown		State RI	<sup>Zip</sup> 02852	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment							
Director Name  James S. Hughes  Director Name							
Street Address 74 Cherokee Lane			Street Address				
City North Kingstown	State RI	<sup>Zip</sup> 02852	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	1	10. Shares Issued		Check the box to indicate an attachment			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	Ĭ		
				COMMON		No Par	
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,							
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and							
<u>statements, and that all statements contained herein are true and correct.</u> Name of Authorized Representative  Date							
James S. Hughes					7	2/1/2023	
Signature of Authorized Representative							
L. Annes Heighes							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov