RI SOS Filing Number: 202563101790 Date: 1/23/2025 4:00:00 PM

State of Rhode Island Department of State - Business Services Division						FILED	
Annual Report for the year: 2025						S17	
Corporation		•			JAN 2 3 2025		
 → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 						BY 5448	
1. Entity ID Number		·					
107046	2. Exact name of the Corporation Hughes, Inc.						
Principal Office Address Address Cherokee Lane			City North King	ty Iorth Kingstown		Zip	
4. NAICS Code	6. Brief description	on of the characte	the character of business conducted in Rhode Island				
511211	Operating a	business dea	aling 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 addresses) Check the box to indicate an attack							
President Name James S. Hughes			Vice-President Name				
Street Address 74 Cherokee Lane			Street Address				
^{City} North Kingstown	State RI	Zip	City		State	Zip	
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	City North Kingstown		State RI	Zip	
8. List ALL directors (names and addresses)			Check the box to indicate an attachment Director Name				
James S. Hughes							
Street Address 74 Cherokee Lane			Street Address				
^{City} North Kingstown	State RI	Zip	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	City		Zip	
		10. Shares Issue			he box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES				PAR VALUE	
		110		COMMON		No Par	
11. This report must be executed of	on behalf of the cor	poration by an au	thorized represe	entative. If the corpor	ation is in t	the hands of a receiver or	
trustee, this report must be execut	ed on behalf of the	corporation by th	e receiver or tru	istee.			
Under penalty of perjury, I decia				cluding any accomp	panying s	chedules and	
<u>statements, and that all statements contained herein are true and correct.</u> Name of Authorized Representative Dat							
James S. Hughes						9/2025	

MAIL TO:

Division of Business Services

Signature of Authorized Representative

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

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