State of Rhode Island

Department of State - Business Services Division

FILED
STAMP
JAN 23 2025
BY 5648

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
107046	Hughes, Inc.			
3. Principal Office Address		City	State	Zip
74 Cherokee Lane		North Kingstown	RI	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
511211	Operating a business dealing with the sale, rent, lease, manufacture, and consultation pertaining to electrical services, and computer networking services.			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
James S. Hughes					
Street Address			Street Address		
74 Cherokee Lane					
City	State	Zip	City	State	Zip
North Kingstown	RI				
Secretary Name			Treasurer Name		
Renee L. Hughes			James S. Hughes		
Street Address			Street Address		
74 Cherokee Lane			74 Cherokee Lane		
City	State	Zip	City	State	Zip
North Kingstown	RI		North Kingstown	RI	

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
James S. Hughes					
Street Address			Street Address		
74 Cherokee Lane					
City	State	Zip	City	State	Zip
North Kingstown	RI				
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	110	COMMON	No Par
Changes require an additional filing.			

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 statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
James S. Hughes	1/19/2025

Signature of Authorized Representative

James S. Hughes

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

FORM 630 - Revised: 11/2021