RI SOS Filing Number: 202213194970 Date: 3/18/2022 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SVCS DIV

Annual Report for the year: Corporation

2022

2022 MAR 18 P 1:55

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

Entity ID Number		2. Exect name of the Courses					
000071635		2. Exact name of the Corporation HUGHES REPORTING ASSOCIATES, INC.					
3. Principal Office Address			City	<u> </u>	State	Zip	
7 Eva Lane			Cranstor	ו	RI	02921	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
541199	TO PROVIDE PARALEGAL SUPPORT SERVICES						
5. State of Incorporation RHODE ISLAND							
7. List ALL officers (names an	d addresses)			Chec	k the box to in	dicate an attachment	
President Name Paul G. Hu	Vice-President Name Paul G. Hughes						
Street Address 7 Eva Lane	Street Address 7 Eva Lane						
^{City} Cranston	State RI	^{Zip} 02921	City Crans		State RI	^{Zip} 02921	
Secretary Name Paul G. Hughes			Treasurer Name Linda Grossi Hughes				
Street Address 7 Eva Lane			Street Address 7 Eva Lane				
^{City} Cranston	State RI	^{Zıp} 02921	City Cranston		State RI	^{Zip} 02921	
8. List ALL directors (names a	nd addresses)		1.		ck the box to in	dicate an attachment 🔲	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	.	State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City	<u></u>	State	Zıp	
9. Shares Authorized 1		10. Shares Iss	10. Shares Issued Ch		heck 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 PAR VALUE			
		2000		CNP		\$0.00	
		<u> </u>					
 This report must be executivustee, this report must be ex 	ted on behalf of the	e corporation by an a	authorized repre	sentative. If the cor	poration is in th	ne hands of a receiver or	
Under penalty of perjury, I d	leclare and affirm	that I have examine	ed this report.	irustee. Including any acc	ompanying so	hedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date		
Paul G. Hughes	/	3/17/2022					
Signature of Authorized Repre	sentative	17/	lie				
				FLED		<u> </u>	
MAIL TO:	,	•		LIPER			

Division of Business Services

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

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

WARA 8 2022 BY ODHEV

FORM 630 - Revised: 11/2021