



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. ID No. 001338864

2. Exact Name of the Limited Liability Company HPI FEDERAL LLC

3. State of Formation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541690

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

BUSINESS PROVIDES SERVICES AND TECHNOLOGY TO THE FEDERAL GOVERNMENT.

5. Principal Office Address

No. and Street: 1299 PENNSYLVANIA AVENUE, NW, SUITE
475

City or Town: WASHINGTON

State: DC Zip: 20004 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 1501 PAGE MILL ROAD

City or Town: PALO ALTO

State: CA

Zip: 94304

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	DAVID BONNETT	1501 PAGE MILL ROAD PALO ALTO, CA 94304 USA

MANAGER	KIM M RIVERA	1501 PAGE MILL ROAD PALO ALTO, CA 94304 USA
MANAGER	TODD GUSTAFSON	1299 PENNSYLVANIA AVENUE, NW, SUITE 475 WASHINGTON, DC 20004 USA
MANAGER	HARVEY ANDERSON	1501 PAGE MILL ROAD PALO ALTO, CA 94304 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 4 Day of October, 2021 at 9:43:16 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By EILEEN GIUSTI-DONNELLY
Signature of Authorized Person

Form No. 632
Revised 09/07

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