



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

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STAMP

STATE OF RHODE ISLAND
DEPARTMENT OF STATE
BUSINESS SERVICES DIVISION

1. Entity ID Number 001758171		2. Exact name of the Corporation HPC Services, Inc.			
3. Principal Office Address 33 Union Avenue		City Sudbury		State MA	Zip 011776
4. NAICS Code 221114		6. Brief description of the character of business conducted in Rhode Island Energy and clean energy products and services.			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Todd Ford			Vice-President Name David Ellis		
Street Address 65 Overlook Drive			Street Address 495 Brook Street		
City Framingham	State MA	Zip 01701	City Framingham	State MA	Zip 01701
Secretary Name Anthony Quincy Vale			Treasurer Name		
Street Address 82 Phillips Road			Street Address		
City Sudbury	State MA	Zip 01776	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Ellis			Director Name Anthony Quincy Vale		
Street Address 495 Brook Street			Street Address 82 Phillips Road		
City Framingham	State MA	Zip 01701	City Sudbury	State MA	Zip 01776
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		0		0	
		0		0	
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 Todd Ford				Date 11/18/2024	
Signature of Authorized Representative					

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

FILED
NOV 20 2024
BY: [Signature] AA. 11:49 AM -
FORM 630- Revised 12/2023