



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

MAR 24 2022
 024115 02

Annual Report for the year: **2022**
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 90872	2. Exact name of the Corporation Compass Group International, Inc.
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3. Principal Office Address 10 Burnside Dr.	City Bristol	State RI	Zip 02809
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4. NAICS Code 522220	6. Brief description of the character of business conducted in Rhode Island Sales Representation
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name William L. Mayer		Vice-President Name William J. Taylor, III		
Street Address 22-26 Burnside Street		Street Address 22-26 Burnside Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI
Secretary Name Eileen Tavares		Treasurer Name William L. Mayer		
Street Address 22-26 Burnside Street		Street Address 22-26 Burnside Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State

9. Shares Authorized	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000	COMMON	\$1.00

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 William L. Mayer	Date 3/22/22
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Signature of Authorized Representative <i>William L. Mayer</i>
