



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

Annual Report for the year: 2024
Corporation

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

FILED
MAR 19 2024
BY 1307

1. Entity ID Number 90872		2. Exact name of the Corporation Compass Group International, Inc.	
3. Principal Office Address 22-26 Burnside Street		City Bristol	State RI
		Zip 02809	
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
			Zip 02809
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
			Zip 02809
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
			Zip
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.		10. Shares Issued	
		NUMBER OF SHARES	CLASS/SERIES
		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 3/15/2024
Signature of Authorized Representative <i>William L. Mayer</i>			

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov