



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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.

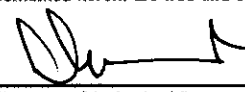
|                                                                                                                                                                                                               |       |                                                                                                                                                              |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. ID No.<br>345394                                                                                                                                                                                           |       | 2. Exact name of the limited liability company<br>Compass Investments LLC                                                                                    |             |
| 3. State of Formation<br>Rhode Island                                                                                                                                                                         |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>acquiring, owning, developing and leasing real property |             |
| 5. Principal office address<br>40 WESTMINSTER STREET, SUITE 703                                                                                                                                               |       | City<br>PROVIDENCE                                                                                                                                           | State<br>RI |
|                                                                                                                                                                                                               |       | Zip<br>02903                                                                                                                                                 |             |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |       |                                                                                                                                                              |             |
| Contact Name<br>Douglas G. Mancosh                                                                                                                                                                            |       | Contact Title                                                                                                                                                |             |
| Street Address<br>40 WESTMINSTER STREET, SUITE 703                                                                                                                                                            |       | City<br>PROVIDENCE                                                                                                                                           | State<br>RI |
|                                                                                                                                                                                                               |       | Zip<br>02903                                                                                                                                                 |             |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                                                              |             |
| Manager Name                                                                                                                                                                                                  |       | Manager Name                                                                                                                                                 |             |
| Street Address                                                                                                                                                                                                |       | Street Address                                                                                                                                               |             |
| City                                                                                                                                                                                                          | State | Zip                                                                                                                                                          | City        |
|                                                                                                                                                                                                               |       |                                                                                                                                                              | State       |
|                                                                                                                                                                                                               |       |                                                                                                                                                              | Zip         |
| Manager Name                                                                                                                                                                                                  |       | Manager Name                                                                                                                                                 |             |
| Street Address                                                                                                                                                                                                |       | Street Address                                                                                                                                               |             |
| City                                                                                                                                                                                                          | State | Zip                                                                                                                                                          | City        |
|                                                                                                                                                                                                               |       |                                                                                                                                                              | State       |
|                                                                                                                                                                                                               |       |                                                                                                                                                              | Zip         |
| 8. RESIDENT AGENT IN RHODE ISLAND                                                                                                                                                                             |       |                                                                                                                                                              |             |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11                                                                        |       |                                                                                                                                                              |             |

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

345394

|           |                                 |
|-----------|---------------------------------|
| File Date | <b>FILED</b>                    |
| Check No. | SEP 21 2009                     |
| By:       | 187485                          |
| By        | FOR SECRETARY OF STATE USE ONLY |

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.

  
Signature of Authorized Person  
Date 9/15/09  
Douglas G. Mancosh  
Print or Type Name of Authorized Person