

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

3. State of Formation Rhode Island  8. Brief description of the character of business conducted in Rhode Island  8. Principal office address 123 Coggeshall Avenue  Contact Name Dale S. Nelson  Street Address 123 Coggeshall Avenue  Contact Title  Contact Title  Newport  Contact Title  Newport  Contact Title  Contact Title  Newport  Ri  Zip 02840  Zip 03840  Zip 03840  Zip 04840  Zip 05840  Zip 05840  Zip 06840  Zip 06840  Zip 08840  Zip	1. Entity ID No.		2. Exact name of the limited liability company								
Rhode Island  5. Principal office address 123 Coggeshall Avenue    City   Newport   Ri   D2840	147437	Compas	Compass Circle, LLC								
State   Stat	3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island								
123 Coggeshall Avenue  6: MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Dale S. Nelson  Street Address 123 Coggeshall Avenue  7: LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name  Manager Name  Street Address  City State Zip Street Address  City State Zip City State Zip Street Address  City State Zip City State Zip Street Address  City State Zip Street Address	Rhode Island	Real Est									
Contact Name Dale S. Nelson  Street Address 123 Coggeshall Avenue 7. List ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address  City State Zip City State Zip City Manager Name  Street Address  Street Address  Street Address  City State Zip City State Zip  City State Zip  City State Zip  City State Zip Street Address						Zip <b>02840</b>					
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123 Coggeshall Avenue Newport RI 02840  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (YX* BOX FOR ATTACHMENT)  Manager Name  Street Address  City State Zip City State Zip  Manager Name  Street Address  Street Address  City State Zip  City State Zip  City State Zip  Street Address  City State Zip  City State Zip  RI 02840  Manager Name	Contact Name										
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City State Zip City State Zip  Manager Name  Street Address  City State Zip  Manager Name  Street Address  City State Zip City State Zip  8. RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name	Manager Name						
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Street Address  City State Zip City State Zip  8. RESIDENT AGENT IN RHODE ISLAND.	City	State	Zip	City	State	Zip					
City State Zip City State Zip  8. RESIDENT AGENT IN RHODE ISLAND.	Manager Name			Manager Name	Manager Name						
8: RESIDENT AGENT IN RHODE ISLAND.	Street Address			Street Address							
	City	State	Zip	City	State	Zip					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	8. RESIDENT AGENT IN F	HODE ISLAND	public land and	<b>李原语:李陵郡 30 68 69</b> 1	ugas paganakan palangan and mya						
	This information is curren	ntly of record in the	e Office of the Sec	retary of State. Changes requir	e filing Form 642.						

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Form No. 632 Revised: 01/2012

Under peoalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements,

Signature o