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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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 · **This report must be typed or printed legibly.**
Filing Fee: $20.00 · **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
125582	The Compass School
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Public Charter school, grades K-8

5. Principal office address	City	State	Zip
537 Old North Road	Kingston	RI	02881

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Dina Mandeville	N/A - open position
Street Address	Street Address
22 Cedar Street	
City / State / Zip	City / State / Zip
Narragansett / RI / 02882	
Secretary Name	Treasurer Name
Hilary Downes-Fortune	Richard Rhodes
Street Address	Street Address
19 Biscuit Hill Road	89 Paul Ave
City / State / Zip	City / State / Zip
Foster / RI / 02879	Wakefield / RI / 02879

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Dr. Donald Holder	Polly Cuddy
Street Address	Street Address
62 Plantation Drive	40 Web Ave, Apt. 218
City / State / Zip	City / State / Zip
Saunderstown / RI / 02874	N. Kingstown / RI / 02852
Director Name	Director Name
Heidi Vazquez	Susannah Strong
Street Address	Street Address
24 Cathedral Ave	207 Glen Rock Road
City / State / Zip	City / State / Zip
Providence / RI / 02908	Exeter / RI / 02822

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED
JUN 08 2015
BY 8374

File Date _____
Check No _____
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.

Donald W Holder 6/5/2015
Signature of Officer or Authorized Representative Date

Dr. Donald W. Holder
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
121684-20-948934