



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 792706		2. Exact name of the Corporation Compass Hardware Company					
3. Principal office address 8 Ridgewood Road				City Charlestown	State RI	Zip 02813	
4. Business Phone No. 401-364-9607				5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island Operating a hardware store							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Joseph Loberti				Vice-President Name Glenn H. Anderson, Jr.			
Street Address 8 Ridgewood Road				Street Address 8 Ridgewood Road			
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813		
Secretary Name Glenn H. Anderson, Jr.				Treasurer Name Glenn H. Anderson, Jr.			
Street Address 8 Ridgewood Road				Street Address 8 Ridgewood Road			
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name Glenn H. Anderson, Jr.				Director Name Joseph Loberti			
Street Address 8 Ridgewood Road				Street Address 8 Ridgewood Road			
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813		
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				4,000	Common	\$.01 Par Value	

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.

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.

Signature of Authorized Representative

Date

Joseph Loberti, President

Print or Type Name of Authorized Representative

FILED

MAR 17 2016

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