



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

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: 2016**

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		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
537 Old North Road		Kingston	RI
		Zip	02881
6. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
President Name Susannah Strong		Vice-President Name Fritz Lanz	
Street Address 307 Glen Rock Rd		Street Address 940 Kingstown Rd	
City Exeter	State RI	Zip 02822	City Wakefield
			State RI
			Zip 02879
Secretary Name Heidi Vazquez		Treasurer Name Rachel Axelson	
Street Address 34 Cathedral Ave		Street Address 13 Larkin St.	
City Providence	State RI	Zip 02908	City Wakefield
			State RI
			Zip 02879
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.		Check the box to indicate an attachment <input type="checkbox"/>	
Director Name Brundee Lapisky		Director Name Polly Cuddy	
Street Address 130 Ricci Lane		Street Address 40 Web Ave, Apt. 218	
City North Kingstown	State RI	Zip 02852	City N. Kingstown
			State RI
			Zip 02852
Director Name Heidi Vazquez		Director Name Nicole Gardner	
Street Address 24 Cathedral Ave		Street Address 2323 Post Road	
City Providence	State RI	Zip 02908	City Wakefield
			State RI
			Zip 02879
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Brundee Lapisky		Date 5-28-16	
Signature of Officer/Authorized Representative			

SIGN DOCUMENT HERE

**FILED**

JUN 06 2016

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