



**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	Zip
537 Old North Road	Kingston	RI	02881

6. List ALL officers (names and addresses) Check the box to indicate an attachment

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

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.

**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.**

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

Name of Officer/Authorized Representative Brundee Lapisky	Date 5-28-16
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Signature of Officer/Authorized Representative

SIGN DOCUMENT HERE

**FILED**  
JUN 06 2016