State of Rhode Island and Providence Plantations  Department of State - Business Services Division			
Annual Report for the year: 2016		4	
Limited Liability Company			

→ Filing period: September 1 - November 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company							
1099856	COMPASS ALTERNATIVE I, LLC							
3. NAICS Code  1 + Pul  5. State of Formation  RHODE ISLAND	Brief description of the character of business conducted in Rhode Island     OWN REAL ESTATE							
6. Principal Office Address			City	State	Zip			
1001 N US HIGHWAY 1, SUITE 702			JUPITER	FL	33477			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name DOUGLAS G. MANCOSH			Contact Title					
Street Address 1001 N. US HIGHWAY 1, SUITE 702		City JUPITER	State FL	<sup>Zip</sup> 33477				
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name NONE Manager Name			Manager Name	Name				
Street Address Street			Street Address					
City	State	Zip	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
		<u> </u>		Check the box to indi	cate an attachment			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.								
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.								
Name of Authorized Person				Date				
DOUGLAS G. MANCOSH				10/5/2	00/6			
Signature of Authorized Person SIGN DOCUMENT HERE								

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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OCT 1 1 2016

By O A A. H.