



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

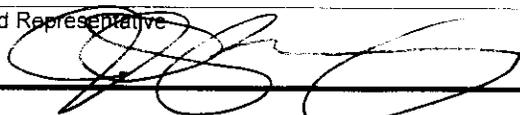
Annual Report for the year: 2017
Corporation _____

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 25 2017 *OR*

BY *1232*

1. Entity ID Number 1336153		2. Exact name of the Corporation Compass Planners, Inc.			
3. Principal Office Address 269 Weaver Hill Road			City West Greenwich	State RI	Zip 02817
4. Business Phone Number: 401-272-7070		6. Brief description of the character of business conducted in Rhode Island Retirement Planning			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James A. Soucy			Vice-President Name James A. Soucy		
Street Address 269 Weaver Hill Road			Street Address 269 Weaver Hill Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Secretary Name James A. Soucy			Treasurer Name James A. Soucy		
Street Address 269 Weaver Hill Road			Street Address 269 Weaver Hill Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James A. Soucy			Director Name		
Street Address 269 Weaver Hill Road			Street Address		
City West Greenwich	State RI	Zip 02817	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			8	CNP	0.00
11. 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. 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 Representative James A. Soucy					Date 1/23/17
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov