



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.

1. Entity ID Number 90872		2. Exact name of the Corporation Compass Group International, Inc.			
3. Principal Office Address 10 Burnside Street			City Bristol	State RI	Zip 02809
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island Sales Representation			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William L. Mayer			Vice-President Name William J. Taylor, III		
Street Address 10 Burnside Street			Street Address 10 Burnside Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Eileen Tavares			Treasurer Name William L. Mayer		
Street Address 10 Burnside Street			Street Address 10 Burnside Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			1,000	COMMON	\$1.00
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 William L. Mayer					Date 3-8-17
Signature of Authorized Representative <i>William L. Mayer</i>					

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

FILED

MAR 13 2017

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