



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 001056030

2. Name of Corporation COMPASS CRYOGENICS, INC.

3. Street Address Principal Business Office:

No. and Street: 405 W 7TH STREET UNIT 310
City or Town: CHARLOTTE

State: NC Zip: 28277 Country: USA

4. Business Phone No.

8035174756

5. State of Incorporation

State: NC

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

81999

6. Brief Description of the Character of Business Conducted in Rhode Island

MEDICAL GAS TESTING AND VALIDATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KENT BUZARD	405 W 7TH STREET UNIT 310 CHARLOTTE, NC 28202 USA
TREASURER	DAVID STERRETT	107 ALEXANDER DR PERKIOMENVILLE, PA 18074 USA

SECRETARY	DAVID STERRETT	107 ALEXANDER DR PERKIOMENVILLE, PA 18074 USA
DIRECTOR	JOHN BARON	52 GOVERNORS RD BASKING RIDGE, NJ 07920 USA
DIRECTOR	JOHN ONEILL	1849 PEREGRINE RD SILVERTHORNE, CO 80498 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP	A	\$1.0000	1,000.00	0

9. 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.

Signed this 25 Day of April, 2017 at 4:07:13 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KENT R BUZARD
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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