Annual Report for the year:	2017				
Limited Liability Company					
- Filing period: Contember 4. No.					

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

				· ·· ·			
Entity ID Number	2. Exact name of the Limited Liability Company						
1099856	COMPASS ALTERNATIVE I, LLC						
3. NAICS Code	4. Brief descrip	4. Brief description of the character of business conducted in Rhode Island					
اد (except Pul	OWN REAL ESTATE						
5. State of Formation	53110						
RHODE ISLAND	921110						
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	^{Zip} 33477		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name NONE .			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zþp		
	Check the box to indicate 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	10/2/2017						
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

OCT 0 6 2017

FORM 632 - Revised: 08/2016