



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

Annual Report for the year: 2014
Corporation

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

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 SECRETARY OF STATE
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1. Entity ID Number 000875107		2. Exact name of the Corporation Compass Employee Services, Inc.			
3. Principal Office Address 10 Westport Rd., Suite B-100			City Wilton	State CT	Zip 06897
4. NAICS Code 561320		6. Brief description of the character of business conducted in Rhode Island Employment Staffing Company			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel Mahar			Vice-President Name		
Street Address 10 Westport Rd., Suite B-100			Street Address		
City Wilton	State CT	Zip 06897	City	State	Zip
Secretary Name Phillip Crosby			Treasurer Name Phillip Crosby		
Street Address 10 Westport Rd., Suite B-100			Street Address 10 Westport Rd., Suite B-100		
City Wilton	State CT	Zip 06897	City Wilton	State CT	Zip 06897
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Peter Tauck			Director Name Daniel Mahar		
Street Address 10 Westport Rd., Suite B-100			Street Address 10 Westport Rd., Suite B-100		
City Wilton	State CT	Zip 06897	City Wilton	State CT	Zip 06897
Director Name Phillip Crosby			Director Name		
Street Address 10 Westport Rd., Suite B-100			Street Address		
City Wilton	State CT	Zip 06897	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	
		1000	Common	.01	
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 Phillip Crosby				Date Nov 16, 2017	
Signature of Authorized Representative 				FILED	

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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