

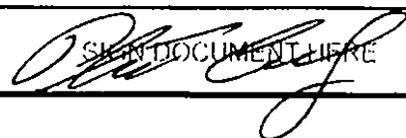


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

RECEIVED
 SECRETARY OF STATE
 2014-07-22 PM 12:41

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	
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	
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	
Director Name Phillip Crosby		Director Name	
Street Address 10 Westport Rd., Suite B-100		Street Address	
City Wilton	State CT	Zip 06897	
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 1000	CLASS/SERIES Common
			PAR VALUE .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. <i>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.</i>			
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

MAR 22 2018
 BY **32707A** EORM 630 - Revised: 08/2017
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