RI SOS Filing Number: 201866810770 Date: 5/23/2018 4:00:00 PM

State of Rhode Island a	and Providence f	Plantations				
Department of S			s Division	ŀ		
Annual Report for the y Limited Liability Compa  → Filing period: September  → Filing Fee: \$50.00  → Penalty: Additional \$25.00	any 1 - November	1	mber 1.		_	
1. Entity ID Number	2. Exact name of the Limited Liability Company Compass IT Compaignce, CCC					
3. NAICS Code  5461  5. State of Formation  R Z	4. Brief descri	ption of the chara	acter of busine	ss conducted in Rho	ode Island	
6. Principal Office Address 2 Asylum Road			City No A.	1 Pridera	State	21p 0290K
7. Mailing Address of Limited Lia		and Name or Titl	e of Contact P	erson		
Contact Name  W////G ~ J	Contact Title . Partnet					
Street Aggress / Rog/			City H	Providence	State	Zip 2904
8. List ALL managers (names a	nd addresses) o	f the Limited Liab	olity Company	, IF APPLICABLE - I	DO NOT LIST M	EMBERS
Manager Name Defe m			Manager Na			
Street Address  2 Asylum Rus			Street Address 2 HS4/4m R-94			
North Providence	State R I	Zip 32969	City H	Providence	State	21002904
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Z:p	City		State	Zip
	<u></u>	_1		Ch	eck the box to in	dicate an attachment
9. Resident Agent in Rhode Isla	nd. This information	on is currently of re	cord with the De	epartment of State. Cha	anges require filing	Form 642
Under penalty of perjury, I dec statements, and that all states	clare and affirm	that I have exa	mined this re	port, including any		
Name of Authorized Person J Offilms					Date 5/3 1/18	
Signature of Authorized Person			· · · · ·			
	-					<u> </u>

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
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