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

Annual Report for the year: 2017
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
55 1896	Compass IT Compliance, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
541211	4. Brief description of the character of business conducted in Rhode Island				
5. State of Formation					
RI					
6. Principal Office Address			City of Prince	State	Zip
2 Asylum Road			No 41 Providence	16.0	02904
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name  Lyliam J Oualma			Mongson Briner		
Street Adgress / Rogal			North Providence	State	2ip 290#
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name  Golfson  Manager Name			Manager Name Hyshes		
Street Address 2 Asulum Rus			Street Address 2 HS4/4m Ragy		
North Porchana	State Z	21p 32969	at the Providence	State	2002904
Manager Name			Manager Name		
Street Address			S:reet Address		
City	State	Z:p	City	State	Zip
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 J Oufg/mg  Date 5/5/1/18					
Signature of Authorized Person					
1/2 pl					

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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