



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED

JAN 28 2019

BY

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1. Entity ID Number 977955		2. Exact name of the Corporation Compton Company, Inc.			
3. Principal Office Address 14 Potomac Road			City Portsmouth	State RI	Zip 02837
4. NAICS Code 611110		6. Brief description of the character of business conducted in Rhode Island Math Learning Center			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Douglas Stearns			Vice-President Name Elizabeth Stearns		
Street Address 14 Potomac Road			Street Address 14 Potomac Road		
City Portsmouth	State RI	Zip 02837	City Portsmouth	State RI	Zip 02837
Secretary Name Elizabeth Stearns			Treasurer Name Douglas Stearns		
Street Address 14 Potomac Road			Street Address 14 Potomac Road		
City Portsmouth	State RI	Zip 02837	City Portsmouth	State RI	Zip 02837
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Douglas Stearns			Director Name Elizabeth Stearns		
Street Address 14 Potomac Road			Street Address 14 Potomac Road		
City Portsmouth	State RI	Zip 02837	City Portsmouth	State RI	Zip 02837
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 Douglas Stearns, President				Date 1/14 , 2019	
Signature of Authorized Representative					

MAIL TO:

Division of Business Services

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

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