



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

Annual Report for the year: 2016
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
 R.I. DEPT. OF STATE
 BUS. SERVICES DIV.
 119 AUG - 2 AM 11:35

1. Entity ID Number 950954		2. Exact name of the Corporation Compass Rose Events, Inc.												
3. Principal Office Address 267 Wiscasset Rd.			City Boothbay	State ME	Zip 04537									
4. NAICS Code 561920	6. Brief description of the character of business conducted in Rhode Island Event Planning													
5. State of Incorporation Maine														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Scott R. Larson			Vice-President Name Robert Hilscher											
Street Address PO Box 100			Street Address 80 Oak Street											
City West Boothbay Harbor	State ME	Zip 04575	City Boothbay Harbor	State ME	Zip 04538									
Secretary Name			Treasurer Name Neal S. Jones											
Street Address			Street Address 225 Academy HL											
City	State	Zip	City Newcastle	State ME	Zip 04553									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Scott R. Larson			Director Name Robert Hilscher											
Street Address PO Box 100			Street Address 80 Oak Street											
City West Boothbay Harbor	State ME	Zip 04575	City Boothbay Harbor	State ME	Zip 04538									
Director Name Neal S. Jones			Director Name											
Street Address 225 Academy HL			Street Address											
City Newcastle	State ME	Zip 04553	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"/>											
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:40%;">NUMBER OF SHARES</th> <th style="width:40%;">CLASS/SERIES</th> <th style="width:20%;">PAR VALUE</th> </tr> <tr> <td>100000</td> <td></td> <td>0</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100000		0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100000		0												
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 Neal S. Jones				Date 07/30/2019										
Signature of Authorized Representative 				SIGN DOCUMENT HERE										

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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 FORM 630 - Revised 10/2017