



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 90872		2. Name of Corporation Compass Group International, Inc.					
3. Street Address Principal Business Office 10 Burnside Street				City Bristol	State R.I.	Zip 02809	
4. Business Phone No. 401 253-7500		5. State of Incorporation RHODE ISLAND				6. SIC Code 2634	
7. Brief Description of the Character of Business Conducted in Rhode Island SALES REPRESENTATION							
8. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name William L. Mayer				Vice President Name William J. Taylor III			
Street Address 10 Burnside Street				Street Address 10 Burnside Street			
City Bristol	State R.I.	Zip 02809	City Bristol	State R.I.	Zip 02809		
Secretary Name Marie Ferreira				Treasurer Name William L. Mayer			
Street Address 10 Burnside Street				Street Address 10 Burnside Street			
City Bristol	State R.I.	Zip 02809	City Bristol	State R.I.	Zip 02809		
9. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>				11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES				ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
8,000	\$1.00 PAR VALUE		1,000				

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



90872

File Date 2/15/05
Check No. 6102
By: DA
FOR SECRETARY OF STATE USE ONLY

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.

William L. Mayer 2/14/2005
Signature of Officer Date
William L. Mayer
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 90872		2. Name of Corporation Compass Group International, Inc.			
3. Street Address Principal Business Office 10 Burnside Street			City Bristol	State R.I.	Zip 02809
4. Business Phone No. 401 253-7500		5. State of Incorporation RHODE ISLAND		6. SIC Code 2634	
7. Brief Description of the Character of Business Conducted in Rhode Island SALES REPRESENTATION					
8. NAMES AND ADDRESSES OF THE OFFICERS: (<input checked="" type="checkbox"/> "X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William L. Mayer			Vice President Name William J. Taylor 111		
Street Address 10 Burnside Street			Street Address 10 Burnside Street		
City Bristol	State R.I.	Zip 02809	City Bristol	State R.I.	Zip 02809
Secretary Name Marie Ferreira			Treasurer Name William L. Mayer		
Street Address 10 Burnside Street			Street Address 10 Burnside Street		
City Bristol	State R.I.	Zip 02809	City Bristol	State R.I.	Zip 02809
9. NAMES AND ADDRESSES OF THE DIRECTORS: (<input checked="" type="checkbox"/> "X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (<input checked="" type="checkbox"/> "X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		1,000	none	
11. SHARES ISSUED (<input checked="" type="checkbox"/> "X" BOX FOR ATTACHMENT) <input type="checkbox"/>					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 0 8 7 2 *

File Date	<u>2/20/04</u>
Check No.	<u>005388</u>
By:	<u>LS</u>
FOR SECRETARY OF STATE USE ONLY	

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.

William J. Taylor 1-15-04
Signature of Officer Date

William L. Mayer
Print or Type Name of Officer

PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **90872** 2. Name of Corporation **Compass Group International, Inc.**
3. Street Address Principal Business Office **10 BURNSIDE STREET** City **BRISTOL** State **R. I.** Zip **02809**
4. Business Phone No. **401 253-7500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2634**
7. Brief Description of the Character of Business Conducted in Rhode Island **SALES REPRESENTATION**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name William L. Mayer Street Address 10 Burnside Street City Bristol State R.I. Zip 02809	Vice President Name William J. Taylor, 111 Street Address 10 Burnside Street City Bristol State R.I. Zip 02809
Secretary Name Marie Ferreira Street Address 10 Burnside Street City Bristol State R.I. Zip 02809	Treasurer Name William L. Mayer Street Address 10 Burnside Street City Bristol State R.I. Zip 02809

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	8,000	\$1.00	PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1,000	NONE	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 0 8 7 2 *

File Date: 2/25/03
Check No.: 004907
By: [Signature]

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.

[Signature] 2-18-03
Signature of Officer Date
William L. Mayer
Print or Type Name of Officer
President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02905-1335
401 222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90872** 2. Name of Corporation **Compass Group International, Inc.**
3. Street Address Principal Business Office **10 BURNSIDE STREET** City **BRISTOL** State **R.I.** Zip **02809**
4. Business Phone No. **401 253-7500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2634**
7. Brief Description of the Character of Business Conducted in Rhode Island
SALES REPRESENTATION

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name WILLIAM L. MAYER Street Address 10 BURNSIDE STREET City BRISTOL State R.I. Zip 02809	Vice President Name WILLIAM J. TAYLOR 111 Street Address 10 BURNSIDE STREET City BRISTOL State R.I. Zip 02809
Secretary Name MARIE FERREIRA Street Address 10 BURNSIDE STREET City BRISTOL State R.I. Zip 02809	Treasurer Name WILLIAM L. MAYER Street Address 10 BURNSIDE STREET City BRISTOL State RI Zip 02809

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 0 8 7 2 *

File Date: 2-11-02
4305
Check No. 2
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

William L. Mayer 2-8-02
Signature of Officer Date
William L. Mayer
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 90872		2. Name of Corporation COMPASS GROUP INTERNATIONAL, INC.			
3. Street Address Principal Business Office P.O. BOX 360 - 10 BURNSIDE STREET			City BRISTOL	State R.I.	Zip 02809
4. Business Phone No. 401 253-7500		5. State of Incorporation RHODE ISLAND		6. SIC Code 2634	
7. Brief Description of the Character of Business Conducted in Rhode Island SALES REPRESENTATION					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WILLIAM L. MAYER			Vice President Name WILLIAM J. TAYLOR 111		
Street Address BOX 360 - 10 BURNSIDE STREET			Street Address BOX 360 - 10 BURNSIDE STREET		
City BRISTOL	State R.I.	Zip 02809	City BRISTOL	State R.I.	Zip 02809
Secretary Name MARIE FERREIRA			Treasurer Name WILLIAM L. MAYER		
Street Address BOX 360 - 10 BURNSIDE STREET			Street Address BOX 360 - 10 BURNSIDE STREET		
City BRISTOL	State R.I.	Zip 02809	City BRISTOL	State R.I.	Zip 02809
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000		1.00	1,000	NONE	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 7/25/01
 Check No.: 3965
 By: GAD
 FOR SECRETARY OF STATE USE ONLY

Signature of Officer: William L. Mayer Date: 7-24-01
 William L. Mayer
 President
 Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90872** 2. Name of Corporation **Compass Group International, Inc.**
3. Street Address Principal Business Office **10 BURNSIDE STREET - P.O. BOX 360** City **BRISTOL** State **R.I.** Zip **02809**
4. Business Phone No. **401 253-7500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2634**

7. Brief Description of the Character of Business Conducted in Rhode Island
SALES REPRESENTATION

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name WILLIAM L. MAYER	Vice President Name WILLIAM J. TAYLOR III
Street Address 10 BURNSIDE STREET	Street Address 10 BURNSIDE STREET
City BRISTOL State R.I. Zip 02809	City BRISTOL State R.I. Zip 02809
Secretary Name MARIE FERREIRA	Treasurer Name WILLIAM L. MAYER
Street Address 10 BURNSIDE STREET	Street Address 10 BURNSIDE STREET
City BRISTOL State R.I. Zip 02809	City BRISTOL State R.I. Zip 02809

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 SHS \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 NONE \$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 0 8 7 2 *

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.

File Date: _____

Check No.: 2900

By: COMA

FOR SECRETARY OF STATE USE ONLY

William L. Mayer 1-26-00
Signature of Officer Date

WILLIAM L. MAYER
Print or Type Name of Officer

PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 90872		2. Name of Corporation Compass Group International, Inc.	
3. Street Address Principal Business Office 10 BURNSIDE STREET		City BRISTOL	State RI
4. Business Phone No. 401 253-7500		5. State of Incorporation RHODE ISLAND	6. SIC Code 2634
7. Brief Description of the Character of Business Conducted in Rhode Island SALES REPRESENTATION			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name WILLIAM L. MAYER		Vice President Name WILLIAM J. TAYLOR III	
Street Address 10 BURNSIDE STREET		Street Address 10 BURNSIDE STREET	
City BRISTOL	State RI	City BRISTOL	State RI
Zip 02809		Zip 02809	
Secretary Name MARIE FERREIRA		Treasurer Name WILLIAM L. MAYER	
Street Address 10 BURNSIDE STREET		Street Address 10 BURNSIDE STREET	
City BRISTOL	State RI	City BRISTOL	State RI
Zip 02809		Zip 02809	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
8,000 SHS \$1.00 PAR VALUE		1,000	NONE
Par Value		Par Value	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Jan 21 99
Check No.: 002321
By: JR

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.

Signature of Officer: William L. Mayer Date: 12-29-98
Print or Type Name of Officer: WILLIAM L. MAYER
Title of Officer: _____

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90872** 2. Name of Corporation **Compass Group International, Inc.**
3. Street Address Principal Business Office **10 BURNSIDE STREET** City **BRISTOL** State **RI** Zip **02809**
4. Business Phone No. **401 253-7500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2834**
7. Brief Description of the Character of Business Conducted in Rhode Island
SALES REPRESENTATION

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name WILLIAM L. MAYER	Vice President Name WILLIAM J. TAYLOR III
Street Address 10 BURNSIDE STREET	Street Address 10 BURNSIDE STREET
City BRISTOL State RI Zip 02809	City BRISTOL State RI Zip 02809
Secretary Name MARIE FERREIRA	Treasurer Name WILLIAM L. MAYER
Street Address 10 BURNSIDE STREET	Street Address 10 BURNSIDE STREET
City BRISTOL State RI Zip 02809	City BRISTOL State RI Zip 02809

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000 SHS	\$1.00	PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	NONE	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1-21-98
Check No.: 1782
By: [Signature]

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.

Signature of Officer: [Signature] Date: 1-19-98
Print or Type Name of Officer: William L. Mayer
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90872** 2. Name of Corporation **Compass Group International, Inc.**
3. Street Address Principal Business Office **10 BURNSIDE STREET** City **BRISTOL** State **RI** Zip **02809**
4. Business Phone No. **401 253-7500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2634**
7. Brief Description of the Character of Business Conducted in Rhode Island **SALES REPRESENTATION**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name WILLIAM L. MAYER	Vice President Name WILLIAM J. TAYLOR 111
Street Address 10 BURNSIDE STREET	Street Address 10 BURNSIDE STREET
City BRISTOL State RI Zip 02809	City BRISTOL State RI Zip 02809
Secretary Name MARIE FERREIRA	Treasurer Name WILLIAM L. MAYER
Street Address 10 BURNSIDE STREET	Street Address 10 BURNSIDE STREET
City BRISTOL State RI Zip 02809	City BRISTOL State RI Zip 02809

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS	\$1.00 PAR VALUE		1,000	NONE	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/21/97

Check No.: 1303

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 2/20/97
Signature of Officer Date

William L. Mayer
Print or Type Name of Officer

President
Title of Officer