



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FIELD

JAN 29 2025

BY 4107 02

1. Entity ID Number 000977955		2. Exact name of the Corporation Compton Company, Inc			
3. Principal Office Address PO Box 23		City Adamsville		State RI	Zip 02801
4. NAICS Code 611110		6. Brief description of the character of business conducted in Rhode Island Math Learning Center			
5. State of Incorporation MA					
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 PO Box 23			Street Address PO Box 23		
City Adamsville	State RI	Zip 02801	City Adamsville	State RI	Zip 02801
Secretary Name Elizabeth Stearns			Treasurer Name Douglas Stearns		
Street Address PO Box 23			Street Address PO Box 23		
City Adamsville	State RI	Zip 02801	City Adamsville	State RI	Zip 02801
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 PO Box 23			Street Address PO Box 23		
City Adamsville	State RI	Zip 02801	City Adamsville	State RI	Zip 02801
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	
100		CWP		\$1000	
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 Douglas Stearns					Date 1/26/25
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.n.gov

FORM 630- Revised: 12/2023