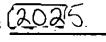


## State of Rhode Island

**Department of State - Business Services Division** 

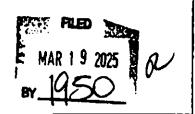
Annual Report for the year: Limited Liability Company



→ Filing period: February 1 - May 1

→ Filling Fee: \$50.00

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



1. Entity ID Number	2. Exact name of the Limited Liability Company			
000959403	Compass Research Solutions, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
541910	Market Research			
5. State of Formation				
Rhode Island				
6. Principal Office Address	· <del>,1</del>	City	State	Zip
42 Maureen Drive		Smithfield	RI	02917
7. Mailing Address of Limited	Liability Company and Name of	r Title of Contact Person		
Contact Name Ana Pritchard		Contact Title Member		
Street Address 42 Maureen Drive		City Smithfield	State RI	<sup>Zip</sup> 02917
B. The Resident Agent inform	nation currently of record with th	e RI Department of State is accur	ate. Changes requin	e filing Form 642.
3. Under penalty of perjury statements, and that all sta	, I declare and affirm that I ha elements contained herein are	ve exemined this report, include the and correct.	ing any accompany	ring schedules and
Name of Authorized Person			Date	
	Ana Pritchard		03/17/2025	

Phone: (401) 222-3040 Website: www.sos.ni.gav