



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001739609

2. Name of Corporation CompassPoint Nonprofit Services

3. State of Incorporation

State: CA

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813319

4. Principal Office Address

No. and Street: 548 MARKET ST.

PMB 25158

City or Town: SAN FRANCISCO

State: CA

Zip: 94104-5401

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO WORK WITH NON PROFITS THAT ARE COMMITTED TO SOCIAL AND RACIAL JUSTICE AND CENTER BLACK AND BIPOC LEADERSHIP

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CEO	SHANNON ELLIS	548 MARKET ST., PMB 25158 SAN FRANCISCO, CA 94104-5401 USA
CO-CHAIR	ANBAR MAHAR	548 MARKET ST. PMB 25158 SAN FRANCISCO, CA 94104-5401 USA
CO-CHAIR	PATRICK BROWN	548 MARKET ST. PMB25158 SAN FRANCISCO, CA 94104-5401 USA
SECRETARY/TREASURER	ADA PALOTAI	548 MARKET ST. PMB 25158 SAN FRANCISCO, CA 94104-5401 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

REGISTERED AGENTS INC 47 WOOD AVENUE, SUITE 2 BARRINGTON , RI 02806

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 27 Day of May, 2025 at 8:16:54 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MANDY WU
Signature of Authorized Person

Form No. 631
Revised 09/07

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