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.

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1. Entity ID Number	2. Exact name of the Corporation
001780573	COMPASS WAY ASSOCIATES, INC.

3. Principal Office Address	City	State	Zip
15 Hosley Avenue	Branford	CT	06345

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	Real Estate
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	Vice-President Name
Michael R. Massimino	Michael R. Massimino
Street Address: 15 Hosley Avenue	Street Address: 15 Hosley Avenue
City: Branford, State: CT, Zip: 06345	City: Branford, State: CT, Zip: 06345
Secretary Name	**Treasurer Name**
Michael R. Massimino	Michael R. Massimino
Street Address: 15 Hosley Avenue	Street Address: 15 Hosley Avenue
City: Branford, State: CT, Zip: 06345	City: Branford, State: CT, Zip: 06345

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

Director Name	Director Name
N/A	N/A
Street Address	Street Address
City, State, Zip	City, State, Zip
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	No Par Value

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	Date
Michael R. Massimino, President	5/12/2025

Signature of Authorized Representative

FILED
MAY 28 2025
BY le 1218

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023