



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
146 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 127029		2. Name of Corporation Gaspar Neves General Contractor - Past Times Inc					
3. Street Address Principal Business Office 7 Parker Ave			City Warren	State RI	Zip 02885		
4. Business Phone No. (401) 439-1903			5. State of Incorporation Rhode Island				
6. Brief Description of the Character of Business Conducted in Rhode Island							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Gaspar Neves			Vice President Name Mary Ellen Neves				
Street Address 7 Parker Ave			Street Address 7 Parker Ave				
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885		
Secretary Name Mary Ellen Neves			Treasurer Name Jacob Neves				
Street Address 7 Parker Ave			Street Address 7 Parker Ave				
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name None			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		
9. SHARES AUTHORIZED 500 no par value ^{yes}			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Member of Shares	Class/Series	Par Value		
			0				

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.

FILED

JAN 18 2013

File Date _____
Check No. By: [Signature]
By: CA # 1757
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: Mary Ellen Neves Date: 1-1-2013
Print or Type Name: Mary Ellen Neves
Title: Vicepres / Secretary