



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 001337794		2. Exact name of the Corporation Tempus, Inc.			
3. Principal office address 1201 New York Avenue, NW Suite 300			City Washington	State DC	Zip 20005
4. Business Phone No. 2027855534			5. State of Incorporation District of Columbia		
6. Brief description of the character of business conducted in Rhode Island Money Transmission					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Juan Pablo Carriedo Lutzenkirchen			Vice-President Name		
Street Address 425 Massachusetts Avenue, NW, Apt. 302			Street Address		
City Washington	State DC	Zip 20005	City	State	Zip
Secretary Name Jacobo Martinez Flores			Treasurer Name Juan Pablo Carriedo Lutzenkirchen		
Street Address 1201 New York Avenue, NW, Suite 300			Street Address 425 Massachusetts Avenue, NW, Suite 300		
City Washington	State DC	Zip 20005	City Washington	State DC	Zip 20005
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Hector Pio Lagos Donde			Director Name Mauricio Naranjo Gonzlalez		
Street Address 1201 New York Avenue, NW, Suite 300			Street Address 1201 New York Avenue, NW, Suite 300		
City Washington	State DC	Zip 20005	City Washington	State DC	Zip 20005
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10000		.01

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 08 2015

BY *OS 8823*

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 of Authorized Representative

01/01/2016

Date

Juan Pablo Carriedo Lutzenkirchen

Print or Type Name of Authorized Representative