



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 2017

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. <u>9569</u>		2. Exact name of the Corporation <u>TEMPAS, Inc.</u>		
3. Principal office address <u>177 Prospect Avenue</u>		City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>
4. Business Phone No. <u>401-846-0504</u>		5. State of Incorporation <u>Rhode Island</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Real Estate - Rental</u> <u>#65</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>Paul A. Shea</u>		Vice-President Name <u>Hugh Mally</u>		
Street Address <u>177 Prospect Avenue</u>		Street Address <u>300 E Royal Palm Road Apt 44C</u>		
City <u>Middletown</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Boca Raton</u>	State <u>FL</u>
Secretary Name <u>Paul A. Shea</u>		Treasurer Name <u>Hugh Mally</u>		
Street Address <u>177 Prospect Avenue</u>		Street Address <u>300 E Royal Palm Road Apt 44C</u>		
City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>	City <u>Boca Raton</u>	State <u>FL</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>Paul A. Shea</u>		Director Name <u>Hugh Mally</u>		
Street Address <u>177 Prospect Ave</u>		Street Address <u>300 E Royal Palm Rd - Apt. 44C</u>		
City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>	City <u>Boca Raton</u>	State <u>FL</u>
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		<u>2000</u>	<u>Common</u>	<u>1.00</u>

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

Form No. 630
Revised: 01/2012

Paid #392
1-12-16
FILED
JAN 17 2017

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.

Paul A Shea 1-12-16
Signature of Authorized Representative Date
Paul A. Shea
Print or Type Name of Authorized Representative

BY 329203