RI SOS Filing Number: 201737250980 Date: 3/2/2017 4:00:00 PM

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

148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

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)(d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
247029	Gaspar Neves General Contractor Past Thymes INC		
3. Street Address Principal Business Office	City	State	Zip
17 Parker Ave	Warren	RI	02885
4. Business Phone No.	5. State of Incorporation		
(401) 439-1903	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)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Gaspar Neves	MaryEllen Neves
Street Address: 17 Parker Ave	Street Address: 17 Parker Ave
City: Warren State: RI Zip: 02885	City: Warren State: RI Zip: 02885
Secretary Name	**Treasurer Name**
MaryEllen Neves	Gaspar Neves
Street Address: 17 Parker Ave	Street Address: 17 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)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	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

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number 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.

[redacted]

FILED
MAR 02 2017
BY 2120

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

MaryEllen Neves — Date: 2/26/17
Signature

MaryEllen Neves
Print or Type Name

Vice Pres / Secretary
Title

Form 630 Rev. 08/08