RI SOS Filing Number: 201859550360 Date: 2/28/2018 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 2018

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(c), 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. 127029
2. Name of Corporation: Gaspar Neves General Contractor Past Thymes Inc
3. Street Address Principal Business Office: 17 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: Contractor (236115)

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: Gaspar Neves	Vice President Name: 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: MaryEllen Neves	Treasurer Name: 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

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
FEB 28 2018
BY 2136

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: 2/26/2018
Signature

MaryEllen Neves
Print or Type Name

Vice Pres | Secretary
Title

[redacted]

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

Form 630 Rev. 08/08