RI SOS Filing Number: 202034064250 Date: 2/10/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FEB 1 0 2020

000009569		•				II and the second secon	
3 Principal Office Address		2. Exact name of the Corporation Tempas, Inc					
3. Principal Office Address			City		State	Zip	
177 Prospect Avenue			Middletown		RI	02842	
4. NAICS Code	6. Brief descr	iption of the charac	ter of business c	onducted in Rhode Is	sland	1	
531120	Rents Commerical Property						
5. State of Incorporation	┥						
Rhode Island							
7. List ALL officers (names and a	ddresses)		·	Check	the box to in	ndicate an attachment	
President Name Paul A. Shea			Vice-President Name Hugh Mally				
Street Address 177 Prospect Avenue			Street Address 1800 Corporate Blvd Suite 302				
City Middletown	State RI	^{Zip} 02842	City Boca Ra		State FL	^{Zip} 33431	
ecretary Name Janet M. Shea			Treasurer Name Paul A. Shea				
Street Address 177 Prospect Ave			Street Address 177 Prospect Avenue				
City Middletown	State RI	^{Zip} 02842	City Middletown		State RI	^{Zip} 02842	
8. List ALL directors (names and	addresses)			Check	the box to i	ndicate an attachment	
Director Name Paul A. Shea			Director Name Hugh Mally				
Street Address 177 Prospect Ave			Street Address 1800 Corporate Blvd Suite 302				
City Middletown	State RI	^{Zip} 02842	City Boca Raton		State FL	Zip 33431	
Director Name Janet M. Shea			Director Name				
Street Address 177 Prospect Ave			Street Address				
City Middletown	State RI	Zip 02842	City		State	Zip	
. Shares Authorized		10. Shares Iss			k the box to indicate an attachment		
This information is currently of record in the Department of State.		NUMBER OF SHARES			CLASS/SERIES PAR VALUE		
•		2000	2000		Common		
Changes require an additional filin	19.						
11. This report must be executed	on behalf of the	corporation by an	authorized repres	sentative. If the corpo	ration is in	he hands of a receiver or	
trustee, this report must be executively the trustee, this report must be executively of perjury, I decided	uted on behalt of lare and affirm	the corporation by	the receiver or tr	ustee. ncluding any accon	panvina s	chedules and	
statements, and that all statem	ents contained						
Name of Authorized Representative					Date		
Paul A. Shea				February 6, 2020			
Signature of Authorized Represe	ntative	SIGN DO	CUMENT HERE				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov