State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

**FILED** 

Annua	l Report	for the	year:	20:
Corpor	ation		•	

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FEB 1 0 2020

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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BY		ســـــــــــــــــــــــــــــــــــــ

Entity ID Number	2. Exact name of the Corporation						
000009569	Tempas,	Inc					
3. Principal Office Address	City				State	Zip	
177 Prospect Avenue			Middletown	1	RI	02842	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
531120	Rents Commerical Property						
5. State of Incorporation	1						
Rhode Island							
7. List ALL officers (names and add	resses)		<del>, , , , , , , , , , , , , , , , , , , </del>	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	<sup>Zip</sup> 02842	City Boca Raton		State FL	<sup>Zip</sup> 33431	
Secretary Name Janet M. Shea			Treasurer Nar	Treasurer Name Paul A. Shea			
Street Address 177 Prospect Ave			Street Address 177 Prospect Avenue				
City Middletown	State RI	<sup>Zip</sup> 02842	City Middletown		State RI	<sup>Zip</sup> 02842	
8. List ALL directors (names and ac	idresses)			Check	the box to in	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	<sup>Zip</sup> 02842	City		State	Ζiρ	
9. Shares Authorized	·•	10. Shares Iss					
This information is currently of record Department of State.	rd in the		F SHARES CLASS/SERIES		S	PAR VALUE	
		2000	2000		Common		
Changes require an additional filing.						- 1 1.00 -	
11. This report must be executed o	n behalf of the	corporation by an	authorized repres	sentative. If the corpo	oration is in t	he hands of a receiver or	
trustee, this report must be execute	ed on behalf of	the corporation by	the receiver or to	rustee.			
Under penalty of perjury, I decial statements, and that all statements				including any accon	npanying s	chedules and	
Name of Authorized Representative		ilei elli ele o de al	in correct	<del> •</del>	Date		
Paul A. Shea				February 6, 2020			
Signature of Authorized Represent		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