



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.

MAR 05 2020

BY 19112 DS

1. Entity ID Number 6398		2. Exact name of the Corporation Five Tempus Limited			
3. Principal Office Address c/o G. Fater, 55 Memorial Blvd			City Newport	State RI	Zip 02840
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island to operate a facility to train, teach & instruct adult individuals in business corporations concerning motivation research and training			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas J. Regan			Vice-President Name Gregory F. Fater		
Street Address 501 Thames St			Street Address 501 Thames St		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Gregory F. Fater			Treasurer Name Thomas J. Regan		
Street Address 501 Thames St			Street Address 501 Thames St		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			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					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE 1.00
11. 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. 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.					
Name of Authorized Representative Five Tempus Limited				Date 2/27/20	
Signature of Authorized Representative 				SIGN DOCUMENT 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

FORM 630 - Revised: 10/2017