



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

JAN 21 2021
BY 10883
[Signature]

1. Entity ID Number 6398		2. Exact name of the Corporation Five Tempus Limited												
3. Principal Office Address 501 Thames St			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 restaurant with a liquor license												
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"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>common</td> <td>1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	common	1.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	common	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 Gregory F Fater				Date 01/19/21										
Signature of Authorized Representative [Signature]														

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: 08/2020