RI SOS Filing Number: 202329140120 Date: 2/21/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year:	2023
Cornoration	

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY 21 2023

1. Entity ID Number	2. Exact nam	e of the Corporation	1				
97059	Tempo Enterprises, Inc.						
Principal Office Address			City		State	Zip	
32 Tollgate Road			Warwick		RI	02886	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
722515	To engage in the retail and wholesale of food						
5. State of Incorporation	1					İ	
Rhode Island							
7. List ALL officers (names and add	resses)			Check th	ne box to ir	ndicate an attachment 🔲	
President Name Thomas Buontempo			Vice-President Name Thomas Buontempo				
Street Address 32 Tollgate Road			Street Address 32 Tollgate Road				
^{City} Warwick	State RI	^{Zip} 02886	^{City} Warwick		State RI	^{Zip} 02886	
Secretary Name Thomas Buont	empo		Treasurer Nam	Treasurer Name Thomas Buontempo			
Street Address 32 Tollgate Road		Street Address 32 Tollgate Road					
^{City} Warwick	State RI	^{Zip} 02886	City Warwick		State RI	^{Zip} 02886	
8. List ALL directors (names and a	ddresses)		_	Check t	he box to it	ndicate an attachment	
Director Name Thomas Buontempo			Director Name None				
Street Address 32 Tollgate Road		Street Address					
^{City} Warwick	State RI	^{Zip} 02886	City		State	Zip	
Director Name None		Director Name None					
Street Address			Street Address	•			
City	State	Zip	City		State	Zip	
9. Shares Authorized	1.	10. Shares Issued Check the box to indicate an attachment					
This information is currently of reco	rd in the	NUMBER OF					
Department of State. Changes require an additional filing.		500		Common		No Par Value	
11. This report must be executed o	n hehalf of the	corporation by an a	uthorized repres	entative. If the cornor	ation is in t	he hands of a receiver or	
trustee, this report must be execute			•	•			
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 Date							
Thomas Buontempo					2/17/3		
Signature of Authorized Representative							
- Things							
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MAIL TO:

Division of Business Services

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

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