



State of Rhode Island

## Department of State - Business Services Division

FILED

FEB 21 2023

BY

Annual Report for the year: 2023

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 97059		2. Exact name of the Corporation Tempo Enterprises, Inc.												
3. Principal Office Address 32 Tollgate Road			City Warwick	State RI	Zip 02886									
4. NAICS Code 722515		6. Brief description of the character of business conducted in Rhode Island To engage in the retail and wholesale of food												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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 Buontempo			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 addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	Common	No Par Value			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
500	Common	No Par Value												
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 Thomas Buontempo					Date 2/17/23									
Signature of Authorized Representative 														

## 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: 11/2021