



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED BY  
MAR 24 2025  
MAR 24 2025  
FILED BY

1. Entity ID Number 000006398		2. Exact name of the Corporation Five Tempus, Limited			
3. Principal Office Address 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			
5. State of Incorporation RI		to operate a restaurant with a victualing license			
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 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			CLASS-SERIES		
			NUMBER OF SHARES	CLASS-SERIES	PAR VALUE
			100	common	\$1.000
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. <b>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.</b>					
Name of Authorized Representative Gregory F. Fater					Date 3/21/2025
Signature of Authorized Representative 					