

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filling Period: January 1 - March 1 • Filling Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e\dotr)) is

ubject to a penalty fee of \$25,00.					
1. Corporate ID No. 505616	2. Name of Corpo JPT Compu	Name of Corporation T Computer Process Control Services (EIN 26-4544195)			
3. Street Address Principal Business Office 8 Belcourt Avenue			City North Providence	State RI	<sup>Zip</sup> 02911
4. Business Phone No. 5. State of Incorporation Rhode Island			•		
<ol> <li>Brief Description of the Character of Provide Automation Consult</li> </ol>	of Business Conducting services to	ed in Rhode Island manufacturers of food, pha	rmaceuticals, and specialt	y chemicals.	
7. NAMES AND ADDRESSES	OF THE OFFIC	CERS: ("X" BOX FOR ATTA	CHMENT) [ FILL IN SP.	ACES BEFORE USING	3 ATTACHMENTS
President Name  John Patrick Tallarico			Vice President Name		
Street Address			None		
8 Belcourt Avenue			Street Address		
city North Providence	State RI	<sup>Zip</sup> 02911	City	State	Zip
Secretary Name None			Treusurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
3. NAMES AND ADDRESSES	OF THE DIREC	TORS: ("X" BOX FOR ATT	: TACHMENT) ∏ FILL IN S	 PACES BEFORE USI	 NG ATTACHMENTS
Director Name			Director Name		
John Patrick Tallarico			None		
Street Address			Street Address		
Belcourt Avenue			•		
North Providence	State RI	<sup>Zip</sup> 02911	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
Zity	State	Zip	City	State	Zip
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			None	None	None
			None	None	None
This report must be executed this report must be executed of t	on behalf of the	e corporation by an authorize corporation by the receiver	or trustee. Under penalty of perj	ury, I declare and affirm panying schedules and strue and correct.	that I have examined this tatements, and that all state
By:		_			
FOR SECRETARY OF STA	TE USE ONLY		President / Ov	wner	
. On obombinit of dia			Title		Form 630 Rev. 08/0