



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 505616		2. Exact name of the Corporation JPT Computer Process Control Services, Inc.								
3. Principal office address 8 Belcourt Avenue			City North Providence	State RI	Zip 02911					
4. Business Phone No. 401-413-4406		5. State of Incorporation Rhode Island								
6. Brief description of the character of business conducted in Rhode Island Provide automation consulting services to manufacturers of food, pharmaceuticals, and specialty chemicals.										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name John Patrick Tallarico			Vice-President Name None							
Street Address 8 Belcourt Avenue			Street Address							
City North Providence	State RI	Zip 02911	City	State	Zip					
Secretary Name None			Treasurer Name None							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name John Patrick Tallarico			Director Name None							
Street Address 8 Belcourt Avenue			Street Address							
City North Providence	State RI	Zip 02911	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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
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.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						None	None	None		

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 28 2012

By *[Signature]*
CH # 1014

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.

Signature of Authorized Representative

John Patrick Tallarico

Print or Type Name of Authorized Representative

03/21/2012

Date