State of	of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-30	Services treet 04-2615	
Foreign Business Corpora Annual Report Filing Period: January 1 - March 1			
In accordance with R.I.G.L. 7-1.2- annual report within thirty (30) day (c&d)) is subject to a penalty fee	vs after the time prescribed by I		
ANNUAL REPORT YEAR: 2015	5		
1. Corporate ID No. 00069	<u>93308</u>		
2. Name of Corporation JPay	Inc.		
3. Street Address Principal Bu	siness Office:		
No. and Street: <u>12864 BISCAN</u> City or Town: <u>MIAMI</u>	YNE BOULEVARD, SUITE	<u>243</u> State: <u>FL</u> Zip: <u>33181</u> C	Country: <u>USA</u>
4. Business Phone No.			
<u>954-862-6912</u>			
5. State of Incorporation			
State: <u>DE</u>			
6. Brief Description of the Cha	racter of Business Conducte	d in Rhode Island	
		NOF	
E-COMMERCE SERVICES		<u>NCIES</u>	
7. Names and Addresses of the All officers and directors mu			
Title	Individual Name	Address	
SECRETARY	First, Middle, Last, Suffix ERROL FELDMAN	Address, City or Town, State, Zip C 12864 BISCAYNE BOULEVAR MIAMI, FL 33181 USA	RD, SUITE 243
CEO	RYAN SHAPIRO	12864 BISCAYNE BOULEVAR MIAMI, FL 33181 USA	
VICE PRESIDENT	DANIEL SHAPIRO	12864 BISCAYNE BOULEVAR MIAMI, FL 33181 USA	RD, SUITE 243
DIRECTOR	RYAN SHAPIRO	12864 BISCAYNE BOULEVA	RD, STE 243
DIRECTOR	DANIEL SHAPIRO	MIAMI, FL 33181 USA 12864 BISCAYNE BOULEVA	

	PETER GEORGIOPO	PETER GEORGIOPOULOS		12864 BISCAYNE BOULEVARD, SUITE 243 MIAMI, FL 33181 USA		
8. Shares Authorized and Is	seuod					
5. Shares Authorized and is	ssueu					
Class of Stock	Series of Stock	Par Value Per Share		Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares	
STK		\$0.0010		20,000,000.00	6976186	
. This report must be exec						
or individuals signing this ignatory, under penalties act and deed of the corpor lectronic filing, in compli	of perjury, that this in cation, and that the fac	strument ts stated	is that indiv herein are t	idual's act and d	eed or the	
					e of the	
By <u>ERROL FELDMAN</u>					e oj the	
By <u>ERROL FELDMAN</u> Signature of Authorized	Representative of the C	orporatio	1		e oj tne	
	-	-		the form and he/s		
Signature of Authorized	-	-		the form and he/s		

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