RI SOS Filing Number: 201737568120 Date: 3/7/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 20 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

R.I. DEPT. OF STATE BUS SYCS DIV

2017 MAR - 7 AM II: 39

		191 - 191			_		
1. Entity ID Number	2. Exact name of the Corporation						
000693308	JPAY INC.						
3. Principal Office Address			City		State	Zip	
12864 BISCAYNE BOULEVARD, SUITE 243			MIAMI		FL	33181	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
81 - Other Services (except Pu	E-COMMERCE SERVICES FOR GOVERNMENT AGENCIES						
5. State of Incorporation	┪						
DELAWARE							
7. List ALL officers (names and a	ddresses)				he box to i	ndicate an attachment 🔲	
President Name			Vice-President Name				
Street Address			Street Address				
City	State	Zip	City	· ·	State	Zip	
Secretary Name ERROL FELDMA	 Ni		Treasurer Nam	Treasurer Name			
	Charact Address						
Street Address 12864 BISCAYNE BOULEVARD, SUITE 243			Street Address				
City MIAMI	State FL	^{Zip} 33181	City		State	Zip	
8. List ALL directors (names and a	addresses)	<u> </u>		Check t	he box to i	ndicate an attachment 🔲	
Director Name AZRA KANJI			Director Name CHARLES BRUCATO				
Street Address 111 HUNTINGTON AVENUE, 29TH FLOOR			Street Address 111 HUNTINGTON AVENUE, 29TH FLOOR				
City BOSTON	State MA	^{Zip} 02199	City BOSTON		State MA	Zip 02199	
Director Name ZIHENG PAN			Director Name RICHARD A SMITH				
Street Address 111 HUNTINGTON AVENUE, 29TH FLOOR			Street Address 14651 DALLAS PKWY, 6TH FLOOR				
City BOSTON	State MA	^{Zip} 02199	City DALLAS		State TX	^{Zip} 75254	
9. Shares Authorized This information is currently of reco			u ed SHARES	Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
Department of State. Changes require an additional filing.		100				\$0.001	
						40.00 i	
11. This report must be executed of	on hoholf of the		uthonined incomes	ntative If the same	-4i i- i- 4	h- hdfi	
trustee, this report must be executed to					auon 15 III t	ne nands of a receiver or	
Under penalty of perjury, I decla	ere and affirm th	at I have examine	ed this report, in		oanying so	chedules and	
statements, and that all statements Name of Authorized Representative					Date		
ERROL FELDMAN			FILED	MARCH 1, 2017		1, 2017	
Signature of Authorized Represent	tative				<u> </u>		
CH)		M/	AR 07 2017				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY_CU-297689