



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 SEP 18 AM 8:51

1. Entity ID Number 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. NAICS Code 541519		6. Brief description of the character of business conducted in Rhode Island Provide automation services to manufacturing companies.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an 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 John Patrick Tallarico		
Street Address			Street Address 8 Belcourt Avenue		
City	State	Zip	City North Providence	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an 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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		PAR VALUE	
		100		0.01	
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. 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.					
Name of Authorized Representative John Patrick Tallarico				Date 13 September 2017	
Signature of Authorized Representative <i>John Patrick Tallarico</i>					

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

SEP 18 2017
 BY **3126AO**
AA. FORM 630 - Revised: 08/2017