



State of Rhode Island
Department of State - Business Services Division

RI DEPT. OF STATE
 BUS SVCS DIV
 2021 NOV -3 PM 1:04

Annual Report for the year: ~~2020~~ 2021
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

| | | | | | |
|---|-------------|---|-------------------------------------|-------------------|-----|
| 1. Entity ID Number 001703174 | | 2. Exact name of the Limited Liability Company JPAY LLC | | | |
| 3. NAICS Code 541990 | | 4. Brief description of the character of business conducted in Rhode Island corrections-related service provider | | | |
| 5. State of Formation DE | | | | | |
| 6. Principal Office Address 10981 Marks Way | | City Miramar | State FL | Zip 33025-1703 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Shari Katz | | | Contact Title Compliance Officer | | |
| Street Address 10981 Marks Way | | City Miramar | State FL | Zip 33025 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Mary Ann Sigler | | Manager Name | | | |
| Street Address c/o Platinum Equity Advisors, LLC, 360 North Cr... | | Street Address | | | |
| City Beverly Hills | State CA | Zip 90210 | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment | | | | | |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | |
| 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 Person Shari Katz, Compliance Officer | | | | Date 6/23/21 | |
| Signature of Authorized Person | | | | | |

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

NOV 03 2021

BJRWZ
 1:05