



State of Rhode Island  
**Department of State - Business Services Division**

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 BUS. SVCS. DIV.

2021 NOV -5 PM 1:14

Annual Report for the year: 2021 Amended  
**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 3450 Lakeside Drive, Suite 100			City Miramar	State FL	Zip 33027
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Shari Katz			Contact Title Compliance Officer		
Street Address 3450 Lakeside Drive, Suite 100			City Miramar	State FL	Zip 33027
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 360 North Crescent Drive, South Building			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.					
<i>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.</i>					
Name of Authorized Person Shari Katz, Compliance Officer				Date 11/2/21	
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 05 2021

BY A.A. Little p.m.



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

November 05, 2021 01:14 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

