



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000102297		2. Exact name of the Corporation The Jones Payne Group, Inc.			
3. Principal office address 123 N. Washington Street, 2nd Floor			City Boston	State MA	Zip 02114
4. Business Phone No. (617)790-3747			5. State of Incorporation Massachusetts		
6. Brief description of the character of business conducted in Rhode Island Sound Insulation of homes around the T. F. Green Airport.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael K. Payne			Vice-President Name		
Street Address 123 N. Washington Street, 2nd Floor			Street Address		
City Boston	State MA	Zip 02114	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Michael K. Payne			Director Name		
Street Address 123 N. Washington Street, 2nd Floor			Street Address		
City Boston	State MA	Zip 02114	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500,000.00	CWP-A	\$0.01
			10.00	CWP-B	\$0.01

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.

FILED

File Date _____

Check No _____

By: _____

MAR 07 2012

BY **25841**

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.

[Signature] 2/28/12
 Signature of Authorized Representative Date

Michael K. Payne
 Print or Type Name of Authorized Representative

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