



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

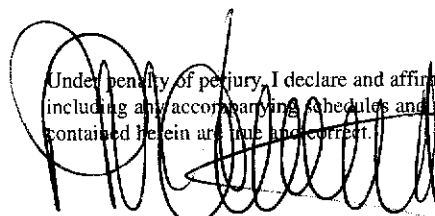
|                                                                                                                                                                                                        |             |                                                                                                                             |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. ID No.<br>137773                                                                                                                                                                                    |             | 2. Exact name of the limited liability company<br>PMC Holdings, LLC                                                         |             |
| 3. State of Formation<br>RI                                                                                                                                                                            |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Computers & Networking |             |
| 5. Principal office address<br>3030 East Main Road                                                                                                                                                     |             | City<br>Portsmouth                                                                                                          | State<br>RI |
|                                                                                                                                                                                                        |             | Zip<br>02871                                                                                                                |             |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                   |             |                                                                                                                             |             |
| Contact Name<br>Philip Crotteau                                                                                                                                                                        |             | Contact Title<br>Member                                                                                                     |             |
| Street Address<br>3030 East Main Road                                                                                                                                                                  |             | City<br>Portsmouth                                                                                                          | State<br>RI |
|                                                                                                                                                                                                        |             | Zip<br>02871                                                                                                                |             |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             |                                                                                                                             |             |
| Manager Name<br>Philip Crotteau                                                                                                                                                                        |             | Manager Name                                                                                                                |             |
| Street Address<br>3030 E. MAIN RD.                                                                                                                                                                     |             | Street Address                                                                                                              |             |
| City<br>Portsmouth                                                                                                                                                                                     | State<br>RI | City                                                                                                                        | State       |
| Zip<br>02871                                                                                                                                                                                           |             | Zip                                                                                                                         |             |
| Manager Name                                                                                                                                                                                           |             | Manager Name                                                                                                                |             |
| Street Address                                                                                                                                                                                         |             | Street Address                                                                                                              |             |
| City                                                                                                                                                                                                   | State       | City                                                                                                                        | State       |
| Zip                                                                                                                                                                                                    |             | Zip                                                                                                                         |             |
| 8. RESIDENT AGENT IN RHODE ISLAND                                                                                                                                                                      |             |                                                                                                                             |             |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11                                                                 |             |                                                                                                                             |             |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

137773

|                                 |              |
|---------------------------------|--------------|
| File Date                       | <b>FILED</b> |
| Check No.                       | OCT 06 2008  |
| By                              | By 4053      |
| FOR SECRETARY OF STATE USE ONLY |              |

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.

 9/17/08

Signature of Authorized Person Date

Philip Crotteau

Print or Type Name of Authorized Person