

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
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. 000188537 THE PC FIX - I+ Goys LLC						
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island Computer REPAIR						
5. Principal office address 32 LINCOLN ST			Woonsocker	State RI	02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name William J. Gilman			Contact Title MANAGER			
Street Address 232 LINCOLN ST			Moonsocket	State RI	^{Zip} 08895	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)						
Manager Name William J Gilman			Manager Name			
Street Address 232 LINCOLN S+ City Woonsocket State Pt Zip 07895			Street Address			
Woonsocket	State PT	2ip 17895	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
Сиу	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes r Agent Name			require filing of Form 642 - R.I.G.L. 7-16-11 Address			
Address			City	Zip		

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

10:40	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements,
File Date FEB 1 2000 3147 (18736007) Check No. 18736007	contained herein are true and correct.
By: By JG 7 JA JG 3003 FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person Form 632 Rev. 07/07