



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) 222-3010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>92772</u>		2. Name of Corporation <u>PM Computer Services Inc.</u>			
3. Street Address Principal Business Office <u>441 Diamond Hill Road</u>			City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>
4. Business Phone No. <u>401-762-0550</u>		5. State of Incorporation <u>Rhode Island</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Compute Sales and Service</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Paul E. Landry</u>			Vice President Name		
Street Address <u>36 Manville Hill Road</u>			Street Address		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City	State	Zip
Secretary Name <u>Muriel L. Landry</u>			Treasurer Name		
Street Address <u>36 Manville Hill Road</u>			Street Address		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED <u>200 No Par Value</u>					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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 <u>None</u>		Class/Series	Par Value

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.

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 Paul E Landry Date 2-22-10
Print or Type Name PAUL E LANDRY
Title OWNER

File Date	FILED
Check No.	<u>FEB 23 2010</u>
By:	<u>By 7909</u>
FOR SECRETARY OF STATE USE ONLY	