



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. 000099709		2. Exact name of the Corporation Public Communications Services, Inc.			
3. Principal office address 12021 Sunset Hills Road, Suite 100			City Reston	State VA	Zip 20190
4. Business Phone No. (703) 955-3910			5. State of Incorporation California		
6. Brief description of the character of business conducted in Rhode Island Provider of Telecommunication Services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Brian Oliver			Vice-President Name		
Street Address 12021 Sunset Hills Road, Suite 100			Street Address		
City Reston	State VA	Zip 20190	City	State	Zip
Secretary Name Teresa Ridgeway			Treasurer Name Steve Yow		
Street Address 2609 Cameron Street			Street Address 2609 Cameron Street		
City Mobile	State AL	Zip 36607	City Mobile	State AL	Zip 36607
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Brian Oliver			Director Name Kevin Penn		
Street Address 12021 Sunset Hills Road, Suite 100			Street Address 12021 Sunset Hills Road, Suite 100		
City Reston	State VA	Zip 20190	City Reston	State VA	Zip 20190
Director Name Matthew Levine			Director Name		
Street Address 12021 Sunset Hills Road, Suite 100			Street Address		
City Reston	State VA	Zip 20190	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
			1000	Common	NPV

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
FEB 21 2012

Check No.
561429

BY: _____

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.

Susan Cockerham 02/15/2012
 Signature of Authorized Representative Date

Susan Cockerham - Attorney In Fact

Print or Type Name of Authorized Representative