



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. <b>489670</b>		2. Exact name of the Corporation <b>SARCOM, INC.</b>			
3. Principal office address <b>8337A Green Meadows Dr North</b>			City <b>Lewis Center</b>	State <b>OH</b>	Zip <b>43035-9451</b>
4. Business Phone No. <b>(888) 972 6255</b>			5. State of Incorporation <b>Delaware</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Online Retailer of Computer and Computer Related Products and Services.</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Jim Garrity</b>			Vice-President Name <b>none</b>		
Street Address <b>8337A Green Meadows Dr North</b>			Street Address		
City <b>Lewis Center</b>	State <b>OH</b>	Zip <b>43035-9451</b>	City	State	Zip
Secretary Name <b>Jim Garrity</b>			Treasurer Name <b>Doug Welsh</b>		
Street Address <b>8337A Green Meadows Dr North</b>			Street Address <b>8337A Green Meadows Dr North</b>		
City <b>Lewis Center</b>	State <b>OH</b>	Zip <b>43035-9451</b>	City <b>Lewis Center</b>	State <b>OH</b>	Zip <b>43035-9451</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Jim Garrity</b>			Director Name <b>Randy Wilcox</b>		
Street Address <b>8337A Green Meadows Dr North</b>			Street Address <b>8337A Green Meadows Dr North</b>		
City <b>Lewis Center</b>	State <b>OH</b>	Zip	City <b>Lewis Center</b>	State <b>OH</b>	Zip <b>43035-9451</b>
Director Name <b>Ron Morgenstern</b>			Director Name		
Street Address <b>8337A Green Meadows Dr North</b>			Street Address		
City <b>Lewis Center</b>	State <b>OH</b>	Zip <b>43035-9451</b>	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	.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**

**MAR 01 2012**

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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 of Authorized Representative

Date

Print or Type Name of Authorized Representative

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**AK# 289056**