



**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 2016**

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>486378</b>		2. Exact name of the Corporation <b>PCM Sales, Inc.</b>			
3. Principal office address <b>1940 E. Mariposa Avenue</b>			City <b>El Segundo</b>	State <b>CA</b>	Zip <b>90245-3457</b>
4. Business Phone No. <b>8889726255</b>		5. State of Incorporation <b>CA</b>			
6. Brief description of the character of business conducted in Rhode Island  <b>Online Retail Sales of Computers and Computer Related Products and Services</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Stephen Moss</b>			Vice-President Name <b>-none-</b>		
Street Address <b>5070 Old Ellis Pointe</b>			Street Address		
City <b>Roswell</b>	State <b>GA</b>	Zip <b>30076</b>	City	State	Zip
Secretary Name <b>Stephen Moss</b>			Treasurer Name <b>Tom Ducatelli</b>		
Street Address <b>5070 Old Ellis Pointe</b>			Street Address <b>11001 Lakeline Blvd</b>		
City <b>Austin</b>	State <b>GA</b>	Zip <b>30076</b>	City <b>Austin</b>	State <b>TX</b>	Zip <b>78717</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Stephen Moss</b>			Director Name <b>William Neary</b>		
Street Address <b>5070 Od Ellis Pointe</b>			Street Address <b>8337A Green Meadows Dr North</b>		
City <b>Roswell</b>	State <b>GA</b>	Zip <b>30076</b>	City <b>Lewis Center</b>	State <b>OH</b>	Zip <b>43035-9451</b>
Director Name <b>Tom Ducatelli</b>			Director Name <b>Randy Wilcox</b>		
Street Address <b>11001 Lakeline Blvd</b>			Street Address <b>8337A Green Meadows Dr North</b>		
City <b>Austin</b>	State <b>TX</b>	Zip <b>78717</b>	City <b>Lewis Center</b>	State <b>OH</b>	Zip <b>43035-9451</b>
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 the Statutes.					
10		Common	\$0.001		

**FILED**

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, report must be executed on behalf of the corporation by the receiver or trustee.

**MAR 01 2016**

File Date  
 Check No 110639479  
 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.

*Stephen W. Moss* 2/29/16  
 Signature of Authorized Representative Date

**Stephen Moss - President**

Print or Type Name of Authorized Representative

**FOR SECRETARY OF STATE USE ONLY**