



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. 486440		2. Exact name of the Corporation PCMG, Inc.			
3. Principal office address 14120 Newbrook Dr, Suite 100			City Chantilly	State VA	Zip 20151-2273
4. Business Phone No. 8889726255		5. State of Incorporation DE			
6. Brief description of the character of business conducted in Rhode Island Online Retailer of Computer and Computer Related Products to Federal, State & Local Gov't. Agencies					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Alan Lawrence			Vice-President Name -none-		
Street Address 14120 Newbrook Dr, Suite 100			Street Address		
City Chantilly	State VA	Zip 20151-2273	City	State	Zip
Secretary Name Sharon Ennis			Treasurer Name Alan Lawrence		
Street Address 14120 Newbrook Dr, Suite 100			Street Address 14120 Newbrook Dr, Suite 100		
City Chantilly	State VA	Zip 20151-2273	City Chantilly	State VA	Zip 20151-2273
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Alan Lawrence			Director Name		
Street Address 14120 Newbrook Dr, Suite 100			Street Address		
City Chantilly	State VA	Zip 20151-2273	City	State	Zip
Director Name Sharon Ennis			Director Name		
Street Address 14120 Newbrook Dr, Suite 100			Street Address		
City Chantilly	State VA	Zip 20151-2273	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
			1,000	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, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date: **MAR 01 2016**
 Check No: **170018345**
 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: *[Signature]* Date: **2/29/16**

Alan Lawrence - President
 Print or Type Name of Authorized Representative