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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017 Corporation

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2017 FEB 22 AM 10: 28

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

— 7 Terraity: Additional \$20.00						·
1. Entity ID Number	2. Exact name of the Corporation					
000486440	PCMG, Inc.					
3. Principal Office Address			City		State	Zip
14120 Newbrook Dr, Suite 100			Chantilly		VA	20151-2273
4. NAICS Code	6. Brief descrip	tion of the characte	r of business c	onducted in Rhode Isl	and	
44-45 - Retail Trade	Online Retailer of Computer and Computer Related Products to Federal.,State & Local Gov't.					
5. State of Incorporation	Agencies				,	
Delaware						
7. List ALL officers (names and ad	drasses)	 		Check th	he hay to indic	cate an attachment
President Name Alan Lawrence	10103003)		Vice-President	Name	TO DOX TO ITIGIC	ate an attachment
			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 a	ddresses)	•			he box to indic	cate an attachment 🔲
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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment NUMBER OF SHARES CLASS/SERIES PAR VALUE				
			NUMBER OF SHARES			
		1000	0	Common		0
11. This report must be executed of trustee, this report must be execut					l ation is in the	hands of a receiver or
Under penalty of perjury, I decla					panying sche	dules and
statements, and that all stateme		erein are true and	correct.		ID-4- 4	
Name of Authorized Representativ	°//	1			Date	1.0
Alan Lawrence - President					1/1/	117
Signature of Authorized Represent	tative	for	FILE	D		'
	777	/		วกเว		
MAIL TO: Division of Business Services			FEB 22	ZUII		
148 W. River Street, Providence, Rhode	e Island 02904-261	5	. ~~	112/08		
Phone: (401) 222-3040 Vebsite: www.sos.ri.gov		8	An de	2017	FOR	VI 630 - Revised: 02/2017
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