



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

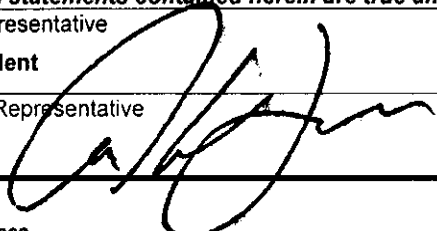
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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| | | | | | |
|---|-----------------|---|--|------------------------|--------------------------|
| 1. Entity ID Number 000486440 | | 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. NAICS Code 44-45 - Retail Trade | | 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 | | | |
| 5. State of Incorporation Delaware | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an 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) Check the box to indicate an 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 Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | | | |
| | | | | | |
| | | NUMBER OF SHARES 1000 | CLASS/SERIES Common | PAR VALUE 0 | |
| | | | | | |
| 11. 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. | | | | | |
| 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. | | | | | |
| Name of Authorized Representative Alan Lawrence - President | | | | Date 2/21/17 | |
| Signature of Authorized Representative  | | | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govFILED
FEB 22 2017
By 296368

FORM 630 - Revised: 02/2017