



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FIELD

JAN 31 2025

BY ISO1 *OR*

1. Entity ID Number <u>000092772</u>		2. Exact name of the Corporation <u>PM Computer Services Inc.</u>			
3. Principal Office Address <u>36 Manville Hill Road</u>			City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
4. NAICS Code <u>541519</u>		6. Brief description of the character of business conducted in Rhode Island <u>Computer Sales + Service</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Paul E. Landry</u>			Vice-President Name		
Street Address <u>36 Manville Hill Road</u>			Street Address		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City	State	Zip
Secretary Name <u>Muriel L. Landry</u>			Treasurer Name		
Street Address <u>36 Manville Hill Road</u>			Street Address		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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		
			CLASS/SERIES		
			PAR VALUE		
			<u>None</u>		
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 <u>PAUL LANDRY</u>					Date <u>1-28-25</u>
Signature of Authorized Representative <u>Paul Landry</u>					