



**State of Rhode Island  
Department of State - Business Services Division**

**FILED**

FEB 01 2024

BY: *[Signature]*

Annual Report for the year: 2024  
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>000092772</u>	2. Exact name of the Corporation <u>PM Computer Services INC.</u>
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3. Principal Office Address <u>36 Manville Hill Road</u>	City <u>Cumberland</u>	State <u>R.I</u>	Zip <u>02864</u>
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4. NAICS Code <u>541519</u>	6. Brief description of the character of business conducted in Rhode Island <u>Computer Sales &amp; Service</u>
5. State of Incorporation <u>Rhode Island</u>	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
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 This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NUMBER OF SHARES</th> <th style="width: 20%;">CLASS/SERIES</th> <th style="width: 40%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><u>None</u></td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>None</u>					
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<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>1-29-24</u>
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Signature of Authorized Representative <i>Paul Landry</i>
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**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2815  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)