

|  |   |   |       |            |        |        |
|--|---|---|-------|------------|--------|--------|
| <b>SCC eFile</b>   | <b>2015 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 215528873   |       |            |        |        |
| 1.) CORPORATION NAME: <b>BVM ENTERPRISE, INC.</b>  |   |   |       |            |        |        |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>SANDEEP SHARMA<br/>         6260 LESTER DORSEN LN<br/>         ALEXANDRIA, VA</b>   |   | DUE DATE: <b>6/30/2015</b><br><br>SCC ID NO: <b>06187843</b>  |       |            |        |        |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>FAIRFAX COUNTY</b>   |   | 5.) STOCK INFORMATION<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>20,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 20,000 |
| CLASS  | AUTHORIZED  |   |       |            |        |        |
| COMMON   | 20,000  |   |       |            |        |        |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>  |   |   |       |            |        |        |
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 478 ELDEN ST<br><br>CITY/ST/ZIP: HERNDON, VA 20170   |   |   |       |            |        |        |
| 7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.  |   |   |       |            |        |        |
| NAME: ARCHANA SHARMA<br>TITLE: PRESIDENT<br>ADDRESS: 478 ELDEN ST<br>CITY/ST/ZIP/CO: HERNDON, VA 20170   | <input checked="" type="checkbox"/> OFFICER   | <input checked="" type="checkbox"/> DIRECTOR  |       |            |        |        |
| NAME: SANDEEP SHARMA<br>TITLE: VICE PRESIDENT<br>ADDRESS: 478 ELDEN ST<br>CITY/ST/ZIP/CO: HERNDON, VA 20170  | <input checked="" type="checkbox"/> OFFICER   | <input type="checkbox"/> DIRECTOR   |       |            |        |        |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.  |   |   |       |            |        |        |
| /s/ ARCHANA SHARMA<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | ARCHANA SHARMA, PRESIDENT<br>PRINTED NAME AND CORPORATE TITLE                           | 7/31/2015<br>DATE   |       |            |        |        |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. |   |   |       |            |        |        |