

1.) CORPORATION NAME: Purvis Network, Inc.	DUE DATE: 6/30/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CHANELL PURVIS 2829 MAPLETON AVE NORFOLK, VA	SCC ID NO: 06192298
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NORFOLK CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2829 MAPLETON AVENUE

CITY/ST/ZIP: NORFOLK, VA 23504

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: CRYSTAL PORTER	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: TREASURER				
ADDRESS: 5205 JOHNSTOWN LN				
CITY/ST/ZIP/CO: VA BCH, VA 23464				

NAME: DIANE PURVIS-BROWN	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: SECRETARY				
ADDRESS: 2829 MAPLETON AVE				
CITY/ST/ZIP/CO: NORFOLK, VA 23504				

NAME: CHANELL PURVIS	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 2829 MAPLETON AVE				
CITY/ST/ZIP/CO: NORFOLK, VA 23504				

NAME: DESIREE PURVIS	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 2829 MAPLETON AVE				
CITY/ST/ZIP/CO: NORFOLK, VA 23504				

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/ DESIREE PURVIS	DESIREE PURVIS, DIRECTOR	8/4/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.