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State of Rhode Island and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
101709	NEON Optica, Inc.			
3. Street Address Principal Business Office		City	State	Zip
196 Van Buren Street		Herndon	VA	20170
4. Business Phone No.	5. State of Incorporation			
(703) 434-8245	Delaware			

6. Brief Description of the Character of Business Conducted in Rhode Island
Provision of Communication Services

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Peter Aquino			Michael O'Day		
Street Address			Street Address		
196 Van Buren Street			196 Van Buren Street		
City	State	Zip	City	State	Zip
Herndon	VA	20170	Herndon	VA	20170
Secretary Name			Treasurer Name		
Benjamin R. Preston			Edward O'Hara		
Street Address			Street Address		
196 Van Buren Street			196 Van Buren Street		
City	State	Zip	City	State	Zip
Herndon	VA	20170	Herndon	VA	20170

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Peter Aquino			Michael T. Sicoli		
Street Address			Street Address		
196 Van Buren Street			196 Van Buren Street		
City	State	Zip	City	State	Zip
Herndon	VA	20170	Herndon	VA	20170
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common Stock	$0.01	100	Common Stock	$0.01

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.

[redacted] [redacted]

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.

Signature _____ Date _____

BENJAMIN R. PRESTON
Print or Type Name

SVP, GENERAL COUNSEL & SECRETARY
Title

[redacted]

FILED
File Date _____
Check No. FEB 19 2008
By: By DS-3201053
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20916-9-234152

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