RI SOS Filing Number: 201179194970 Date: 05/23/2011 4:00 PM

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 2011

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		
000109067	Netlojix Telecom, Inc.		
3. Street Address Principal Business Office	City	State	Zip
68 Alameda Padre Serra	Santa Barbara	CA	93103
4. Business Phone No.	5. State of Incorporation		
805- 884- 6301	Delaware		

6. Brief Description of the Character of Business Conducted in Rhode Island
~~Provider of~~ Reseller of interstate long distance services for business

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

President Name	Vice President Name
James Pisani	None
Street Address	Street Address
68 Alameda Padre Serra	
City / State / Zip	City / State / Zip
Santa Barbara / CA / 93103	
Secretary Name	Treasurer Name
James Pisani	Greg Wilson
Street Address	Street Address
68 Alameda Padre Serra	68 Alameda Padre Serra
City / State / Zip	City / State / Zip
Santa Barbara / CA / 93103	Santa Barbara / CA / 93103

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

Director Name	Director Name
James Pisani	Anthony Papa
Street Address	Street Address
68 Alameda Padre Serra	68 Alameda Padre Serra
City / State / Zip	City / State / Zip
Santa Barbara / CA / 93103	Santa Barbara / CA / 93103
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

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9. SHARES AUTHORIZED
1,000

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐
ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
10	Common	.0010

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]

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FILED
MAY 23 2011
By
14941 [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.

[redacted]

Signature — Date: 04/18/11

Greg Wilson
Print or Type Name

CFO / Treasurer
Title

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY
63246-2-602309

Form 630 Rev. 08/08