



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000099570		2. Exact name of the Corporation Airnex Communications, Inc.			
3. Principal office address 5000 Hopyard Road, Ste 240			City Pleasanton	State CA	Zip 94588
4. Business Phone No. 925-327-0400		5. State of Incorporation CA			
6. Brief description of the character of business conducted in Rhode Island Telecommunication Services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Shige Yamaji			Vice-President Name		
Street Address 5000 Hopyard Road, Ste 240			Street Address		
City Pleasanton	State CA	Zip 94588	City	State	Zip
Secretary Name Arnold Marasigan			Treasurer Name		
Street Address 5000 Hopyard Road, Ste 240			Street Address		
City Pleasanton	State CA	Zip 94588	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			142,300.00	A	1.00

2013 APR 18 AM 11:07
 SECRETARY OF STATE
 CORPORATIONS DIV

2013 DEC 23 PM 11:41
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 CORPORATIONS DIV

FILED

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

APR 18 2014
 BY *M 222619*
 11:14

Signature of Authorized Representative: *Arnold Marasigan* Date: *11/20/13*
 Print or Type Name of Authorized Representative