



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 2010

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
Secretary Name Arnold Marasigan		Treasurer Name	
Street Address 5000 Hopyard Road, Ste 240		Street Address	
City Pleasanton	State CA	Zip 94588	City
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		9. SHARES AUTHORIZED	
Director Name		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
Street Address		NUMBER OF SHARES	
City	State	Zip	CLASS/SERIES
Director Name		PAR VALUE	
Street Address		142,300.00	
City	State	Zip	A
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.		1.00	

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 CORPORATIONS DIV

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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.

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

File Date _____
 Check No _____
 By: BY m 222619
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