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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 2015**

**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. 153500		2. Name of Corporation PHOENIX OPTIX, INC.			
3. Street Address Principal Business Office 15 Gray Lane			City Ashaway	State RI	Zip 02804
4. Business Phone No. 401-637-4600		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island manufacturing of fiber optic cables					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Scott Findeisen			Vice President Name Howard Odom		
Street Address 15 Gray Lane			Street Address 15 Gray Lane		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
Secretary Name William A. Nardone			Treasurer Name Howard Odom		
Street Address 42 Granite Street			Street Address 15 Gray Lane		
City Westerly	State RI	Zip 02891	City Ashaway	State RI	Zip 02804
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Scott Findeisen			Director Name Howard Odom		
Street Address 15 Gray Lane			Street Address 15 Gray Lane		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
Director Name Frank Ravenelle			Director Name		
Street Address 15 Gray Lane			Street Address		
City Ashaway	State RI	Zip 02804	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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			217	common	no par value

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.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**FILED**

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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: Howard L Odom Date: 3/4/2015  
Print or Type Name: Howard L Odom  
Title: V.P.