

1. Entity ID No.

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

2. Exact name of the Corporation

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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.

96042	Spectra	_ Systemo	Copp		
3. Principal office address 321 South Ma	in Stree	t Suite	Providence	State RI	^{Zip} 02903
4. Business Phone No. 401 · 2-14 - 47-00			5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island			Delawate		
The activities invol				nidanu	
Mailing Address: 32	1 South Mc	un St., Suite	IDZ Providence	PI 02903	
7. LIST ALL OFFICERS (NAMES	S AND ADDRESS	ES) ("X" BOX FOR AT	TACHMENT)		
President Name			Vice-President Name		
Nabu Lawardy			Chart Address		
321 South Mai	n St, Su	ite 102	Street Address		<u> </u>
Prondènce	State	^{Zip} 02903	City	State	Zip
Secretary Name	•	•	Treasurer Name	1 .	
Douglas Anderson			Douglas Anderson Street Address 321 South Man St., Suite 102 City Prondence Pu Zip 029 03		
Street Address 331 Sowth Ma	ميله من	ومر ملک ا	Street Address	h Main CL	S. May
City	State	Zip	City	State	· Juipe 10%
Providence	‡21	02903	Providence.	e RI	024 03
8. LIST ALL DIRECTORS (NAMI	ES AND ADDRESS	SES) ("X" BOX FOR			
Director Name			Director Name		
Nabil Lawardy			Martin Jaskel		
321 South Main St., Suite 102			Street Address 10-13 Lovat Lane		
City	State	Zip	City	State	Zip _
Providence	RI	02903	Landon	uk	E C3R8DN
Director Name			Director Name	¬ •	1
Koland Puton			Don Stantord		
Street Address 33 Forest Drive			Street Address 51 Deyden Ave		
City	State	Zìp	Pawtroket	State	Zip D / G
Sandspount	NY	11050	10.	· R	02840
9. SHARES AUTHORIZED			<u> </u>	("X" BOX FOR ATTACH	7
This information is currently of	record in the Office	ce of the Secretary	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
of State. Changes require an ad	ditional filing.	ŕ	45,251,540	COMMON	.01
See Section 9 of instruction she	et.		•		
This report must be executed on	behalf of the corpo	ration by an authorize	d representative. If the co	⊥ prporation is in the hands	of a receiver or trustee,
ti	his report must be	executed on behalf of	the corporation by the red		
File Date				jury, I declare and affire any accompanying sc	m that I have examined hedules and statements,
		EII EN		nts contained herein are	
Check No		IILLU	Luna	Garage	inlantanis
Ву:		NOV 1 6 20	15 Signature of Authorize	ed Representative	Date
FOR SECRETARY OF STATE U	SE ONLY	2 Onus	Laurie F	innegan	,,
Form No. 630 Revised: 01/2012	w.··	3 Dol 1	Print or Type Name o	r Authoriz go Represental	uve

Spectra Systems Corp ID#94062

8. Name and Address of Directors

Oussama Salam Hala Salam Maksoud Foundation 67 Boulevard Lannes Paris, France 75116

BJ Penn 11549 Clara Barton Drive Fairfax Station, VA 22039

Jeff Donahue 182 Elm Street, Unit 3 Cambridge, MA 02139