

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 Mou	in Stree	t Suite	Providence	State RI	<sup>Zip</sup> 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 Aldress: 32	1 South M	un St., Suite	IDZ Providence	PI 02903	
7. LIST ALL OFFICERS (NAMES	S AND ADDRESSI	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>
Prondince	State	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 321 South Ma	ميله من	ممر ملک ا	Street Address	h Main CL	S. May
Cix	State	Zip	City	State	17in
Providence	<b>12</b> 1	02903	Providenc.	e R1	029 03
8. LIST ALL DIRECTORS (NAME	S AND ADDRES	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 Roland Puton			Director Name		
Street Address			Street Address		
33 torest Drive			51 Deyden Ave		
City	State	Zìp	Pawtucket	State	02840
Sandspount	N Ý	11050	10.	YEAR PONTED ATTACH	
9. SHARES AUTHONIZED			NUMBER OF SHARES	("X" BOX FOR ATTACH	PAR VALUE
This information is currently of a	record in the Offic	ce of the Secretary	1		
of State. Changes require an add See Section 9 of instruction she			45,251,540	COMMON	.01
Dec Section 5 of Mistraction site	G				
This report must be executed on t			d representative. If the co		of a receiver or trustee,
ü		or or or or		jury, I declare and affire	m that I have examined
File Date		EN ED			hedules and statements,
Check No		HILLU	and that an statemer	nts contained herein are	e u ue anu correct. .
_	<del></del>		15 Jaure	meger-	- 10 27 2015
By:		NOV 1 6 20	Signature of Authorize	ed Representative	Date 1
FOR SECRETARY OF STATE U	SE ONLY	7 On us	1 Laurie F	Innegan	
Form No. 630 Revised: 01/2012	<b></b>	9 001	Print or Type Name o	f Authorized Represental	tive

## 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