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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2018 AUG 16 AM 11:42

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
000071053	**Spacenet Inc.**

3. Principal Office Address	City	State	Zip
10740 Parkridge Boulevard Suite 300	**Reston**	**VA**	**20191**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541618	**Telecommunication and Managed Network Services**
5. State of Incorporation: **DE**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Bradley Wise	**1750 Old Meadow Rd.**	**McLean**	**VA**	**22102**

Vice-President Name	Street Address	City	State	Zip
Alberto Andres Ruiz de Gamboa	**1750 Old Meadow Rd.**	**McLean**	**VA**	**22102**

Secretary Name	Street Address	City	State	Zip
Alberto Andres Ruiz de Gamboa	**1750 Old Meadow Rd.**	**McLean**	**VA**	**22102**

Treasurer Name	Street Address	City	State	Zip
Rodney Kramer	**1750 Old Meadow Rd.**	**McLean**	**VA**	**22102**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Daryl Woodard	**1750 Old Meadow Rd.**	**McLean**	**VA**	**22102**

Director Name	Street Address	City	State	Zip
Rodney Kramer	**1750 Old Meadow Rd.**	**McLean**	**VA**	**22102**

Director Name	Street Address	City	State	Zip
Bradley Wise	**1750 Old Meadow Rd.**	**McLean**	**VA**	**22102**

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	**CNP**	**$0.00**

11. 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.

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.

Name of Authorized Representative	Date
Andrew Ruiz de Gamboa, Secretary	8/10/18

Signature of Authorized Representative

SIGN DOCUMENT HERE **FILED**

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

AUG 16 2018
BY DJ8T4
A.A.

FORM 630 - Revised: 02/2017