



**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** 2013

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. <b>25482</b>		2. Exact name of the Corporation <b>Nortel Networks Inc.</b>		
3. Principal office address <b>4001 E. Chapel Hill Nelson Hwy</b>		City <b>Research Triangle Park</b>	State <b>NC</b>	Zip <b>27709</b>
4. Business Phone No. <b>919-905-2721</b>		5. State of Incorporation <b>DE</b>		

6. Brief description of the character of business conducted in Rhode Island  
**Limited to wind down activities.**

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (EX-BOX FOR ATTACHMENT)**

President Name <b>Timothy C. Ross</b>			Vice-President Name <b>Allen K. Stout</b>		
Street Address <b>4001 E. Chapel Hill Nelson Hwy</b>			Street Address <b>4001 E. Chapel Hill Nelson Hwy</b>		
City <b>Research Triangle Park</b>	State <b>NC</b>	Zip <b>27709</b>	City <b>Research Triangle Park</b>	State <b>NC</b>	Zip <b>27709</b>
Secretary Name <b>Timothy C. Ross</b>			Treasurer Name <b>John Ray</b>		
Street Address <b>4001 E. Chapel Hill Nelson Hwy</b>			Street Address <b>4001 E. Chapel Hill Nelson Hwy</b>		
City <b>Research Triangle Park</b>	State <b>NC</b>	Zip <b>27709</b>	City <b>Research Triangle Park</b>	State <b>NC</b>	Zip <b>27709</b>

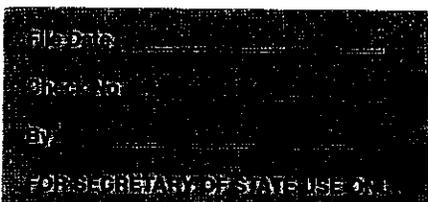
**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (EX-BOX FOR ATTACHMENT)**

Director Name <b>Timothy C. Ross</b>			Director Name		
Street Address <b>4001 E. Chapel Hill Nelson Hwy</b>			Street Address		
City <b>Research Triangle Park</b>	State <b>NC</b>	Zip <b>27709</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**9. SHARES AUTHORIZED**      **10. SHARES ISSUED (EX-BOX FOR ATTACHMENT)**

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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<b>99</b>	<b>Common</b>	<b>\$100</b>

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.

*[Signature]* 2/13/13  
 Signature of Authorized Representative      Date  
**Timothy C. Ross**, Secretary  
 Print or Type Name of Authorized Representative

BY 71230838