



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 **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.

1. Entity ID No. 115100		2. Exact name of the Corporation AVAYA INC.			
3. Principal office address 4655 GREAT AMERICA PARKWAY			City SANTA CLARA	State CA	Zip 95054
4. Business Phone No. 908-953-3454			5. State of Incorporation DE		
6. Brief description of the character of business conducted in Rhode Island SALE OF ADVANCED VOICE AND DATA COMMUNICATIONS PRODUCTS AND RELATED SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name KEVIN KENNEDY			Vice-President Name KEVIN MACKAY		
Street Address 4655 GREAT AMERICA PARKWAY			Street Address 211 MT. AIRY ROAD		
City SANTA CLARA	State CA	Zip 95054	City BASKING RIDGE	State NJ	Zip 07920
Secretary Name ADELE FREEDMAN			Treasurer Name JOHN SULLIVAN		
Street Address 4655 GREAT AMERICA PARKWAY			Street Address 4655 GREAT AMERICA PARKWAY		
City SANTA CLARA	State CA	Zip 95054	City SANTA CLARA	State CA	Zip 95054
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name KEVIN KENNEDY			Director Name AFESHIN MOHEBBI		
Street Address 4655 GREAT AMERICA PARKWAY			Street Address 345 CALIFORNIA STREET		
City SANTA CLARA	State CA	Zip 95054	City SAN FRANCISCO	State CA	Zip 94104
Director Name CHARLES GIANCARLO			Director Name JOHN MARREN		
Street Address 2775 SAND HILL ROAD, SUITE 100			Street Address 345 CALIFORNIA STREET		
City MENLO PARK	State CA	Zip 94025	City SAN FRANCISCO	State CA	Zip 94104
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	0.01

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

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 of Authorized Representative **SANDRA EPPRECHT** Date **03/07/2015**
 Print or Type Name of Authorized Representative

MAR 13 2015

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