



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 2016

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. 87442		2. Exact name of the Corporation AVAYA INTEGRATED CABINETS SOLUTIONS INC.			
3. Principal office address 450 VETERANS MEMORIAL PARKWAY, SUITE 7A		City EAST PROVIDENCE	State RI	Zip 02914	
4. Business Phone No. 908-953-5541		5. State of Incorporation DELAWARE			
6. Brief description of the character of business conducted in Rhode Island COMMUNICATION PRODUCTS AND SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Adele Freedman			Vice-President Name DAVID NYE		
Street Address 4655 Great America Pkwy			Street Address 211 MT AIRY RD		
City Santa Clara	State CA	Zip 95054	City Basking Ridge	State NJ	Zip 07920
Secretary Name Sara Bucholtz			Treasurer Name John Sullivan		
Street Address 211 MT AIRY RD			Street Address 4655 Great America Pkwy		
City BASKING RIDGE	State NJ	Zip 07920	City Santa Clara	State CA	Zip 95054
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Adele Freedman			Director Name PETER HELLER		
Street Address 4655 Great America Pkwy			Street Address 4655 Great America Pkwy		
City Santa Clara	State CA	Zip 95054	City Santa Clara	State CA	Zip 95054
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" 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
			1000	common	\$1.00

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

Form No. 630
Revised: 01/2012

BY

FILED

JAN 12 2016

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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

James Clerkin

Print or Type Name of Authorized Representative

01/06/2016

Date

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