



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. 789977 | | 2. Exact name of the Corporation AVAYALIVE 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) <input type="checkbox"/> | | | | | |
| President Name Adele Freedman | | | Vice-President Name DAVID DELL OSSO | | |
| 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 |
| 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) <input type="checkbox"/> | | | | | |
| 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) <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 | \$.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

Form No. 630
Revised: 01/2012

FILED

JAN 12 2016

BY **DS**

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.

James Clerk
Signature of Authorized Representative

01/06/2016

Date

James Clerk

Print or Type Name of Authorized Representative

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