



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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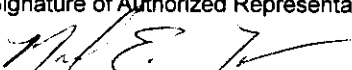
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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN 16 AM 10:01

Profit Corporation Annual Report for the year: 2015

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 82021		2. Exact name of the Corporation Lucent Technologies Government Solutions, Inc.			
3. Principal Office Address 13665 Dulles Technology Dr, STE 301		City Herndon	State VA	Zip 22101	
4. Business Phone Number 703-394-1523		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island NONE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kevin Kelly			Vice-President Name NONE		
Street Address 13665 Dulles Technology Dr., #301			Street Address		
City Herndon	State VA	Zip 20171	City	State	Zip
Secretary Name Micul E. Thompson			Treasurer Name John Fitzgerald		
Street Address 13665 Dulles Technology Dr., #301			Street Address 13665 Dulles Technology Dr., #301		
City Herndon	State VA	Zip 20171	City Herndon	State VA	Zip 20171
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kevin Kelly			Director Name John Fitzgerald		
Street Address 13665 Dulles Technology Dr., #301			Street Address 13665 Dulles Technology Dr., #301		
City Herndon	State VA	Zip 20171	City Herndon	State VA	Zip 20171
9. Shares Authorized			10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	none
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 Micul E. Thompson				Date 6-7-16	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

FILED 

JUN 16 2016

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