



**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

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |                    |  |                    |                     |     |
|--|--------------------|--|--------------------|---------------------|-----|
| 1. Entity ID No.<br><b>101319</b>  |                    | 2. Exact name of the limited liability company<br><b>AXONAL, L.L.C.</b>  |                    |                     |     |
| 3. State of Formation<br><b>Rhode Island</b>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>residential / commercial property holdings</b> |                    |                     |     |
| 5. Principal office address<br><b>85 Bailey Boulevard</b>  |                    | City<br><b>East Greenwich</b>  | State<br><b>RI</b> | Zip<br><b>02818</b> |     |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>  |                    |  |                    |                     |     |
| Contact Name<br><b>Robert C. Campbell</b>  |                    | Contact Title<br><b>Managing Member</b>  |                    |                     |     |
| Street Address<br><b>85 Bailey Boulevard</b>   |                    | City<br><b>East Greenwich</b>  | State<br><b>RI</b> | Zip<br><b>02818</b> |     |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS</b><br>("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |  |                    |                     |     |
| Manager Name<br><b>Sherry Morrissette-Campbell</b>   |                    | Manager Name   |                    |                     |     |
| Street Address<br><b>85 Bailey Boulevard</b>   |                    | Street Address   |                    |                     |     |
| City<br><b>East Greenwich</b>  | State<br><b>RI</b> | Zip<br><b>02818</b>  | City               | State               | Zip |
| Manager Name   |                    | Manager Name   |                    |                     |     |
| Street Address   |                    | Street Address   |                    |                     |     |
| City   | State              | Zip  | City               | State               | Zip |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>   |                    |  |                    |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.  |                    |  |                    |                     |     |

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| File Date                              |
| Check No                               |
| By:                                    |
| <b>FOR SECRETARY OF STATE USE ONLY</b> |

**FILED**

AUG 29 2012

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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.

*Robert Campbell*  
 Signature of Authorized Person

8-28-12  
 Date

**Robert C. Campbell**  
 Print or Type Name of Authorized Person