



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Limited Liability Company  
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 000163339

2. Exact Name of the Limited Liability Company Axeon Marketing, LLC

3. State of Formation

State: DE

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code  424710

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

WHOLESALE MARKETING, FUEL OIL MARKETING, ASPHALT MARKETING AND CRUDE OIL TRADING.

5. Principal Office Address

No. and Street: 2338 NORTH LOOP 1604 WEST  
SUITE 350

City or Town: SAN ANTONIO State: TX Zip: 78248 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: KAREN HURST Contact Title: DIRECTOR CORPORATE SERVICES

No. and Street: 2338 NORTH LOOP 1604 WEST  
SUITE 350

City or Town: SAN ANTONIO State: TX Zip: 78248 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	DAVID KIRSHNER	2338 NORTH LOOP 1604 WEST, SUITE 350 SAN ANTONIO, TX 78248 US
MANAGER	RONALD LYON	2338 NORTH LOOP 1604 WEST, SUITE 350 SAN ANTONIO, TX 78248 US
MANAGER	AMY ORR	2338 NORTH LOOP 1604 WEST, SUITE 350 SAN ANTONIO, TX 78248 US

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 26 Day of October, 2016 at 3:35:57 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.***

By KAREN HURST  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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