Annual Report for the year: \_2017 **Limited Liability Company** 

- → Filing period: September 1 November 1
   → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1 Entity ID Number	2 Exact name of the Limited Liability Company					
101319		AXONAL, L.L.C.				
3 NAICS Code	4 Brief desc	4 Brief description of the character of business conducted in Rhode Island				
531390	residentia	residential/commercial property holdings				
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zıp	
85 Bailey Boulevard			East Greenwich	RI	02818	
7. Mailing Address of Limited	Liability Compan	y and Name or Tit	le of Contact Person		•	
Contact Name Robert C. Campbell			Contact Title Managing Member			
Street Address 85 Bailey Boulevard			City East Greenwich	State RI	<sup>Zıp</sup> 02818	
8. List ALL managers (names	and addresses)	of the Limited Lial	bility Company, IF APPLICABLE	- DO NOT LIST I	MEMBERS	
Manager Name Sherry Morrissette-Campbell			Manager Name			
Street Address 85 Bailey Boulevard			Street Address			
<sup>City</sup> East Greenwich	State RI	<sup>Zip</sup> 02818	City	State	Ζιp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
	ı		<del></del>	Check the box to i	ndicate an attachment	
9 Resident Agent in Rhode Is	land. This informa	ation is currently of re	ecord with the Department of State.	Changes require filiri	g Form 642.	
Under penalty of perjury, I d statements, and that all stat			mined this report, including a e and correct.	ny accompanyin	g schedules and	
Name of Authorized Person				Date		
Robert C. Campbell				V10-	6-17	
Signature of Authorized Perse	Camp	shell	रक आहे			

MAIL TO:

Division of Business Services

148 W. River Street. Providence. Rhode Island 02904-2615

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