



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

Annual Report for the year: 2019
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000513809		2. Exact name of the Corporation AXIS FINANCIAL SERVICES, INC.			
3. Principal Office Address 2774 GATEWAY ROAD			City CARLSBAD	State CA	Zip 92009
4. NAICS Code 561440		6. Brief description of the character of business conducted in Rhode Island THIRD PARTY DEBT COLLECTIONS RECEIVABLES SERVICING			
5. State of Incorporation CA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARGARET EARDLEY			Vice-President Name		
Street Address 2774 GATEWAY ROAD			Street Address		
City CARLSBAD	State CA	Zip 92009	City	State	Zip
Secretary Name MARGARET EARDLEY			Treasurer Name DAVID OAS		
Street Address 2774 GATEWAY ROAD			Street Address 2774 GATEWAY ROAD		
City CARLSBAD	State CA	Zip 92009	City CARLSBAD	State CA	Zip 92009
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID OAS			Director Name		
Street Address 2774 GATEWAY ROAD			Street Address		
City CARLSBAD	State CA	Zip 92009	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the 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
		10,000,000		CWP	.0001
		0		PWP	.0001
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 MARGARET EARDLEY					Date 12/27/18
Signature of Authorized Representative <i>Margaret Eardley</i>					

FILED
 JAN 04 2019
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