

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

Matthew A. Brown, Secretary of State

LIMITED LIABILITY COMPANY	ANNUAL REPORT FOR THE YEAR2	<u>UU.</u>
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Filing Period: September 1 - November 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. 11) No. 2. Exact name of the limited liability company 101319 AXONAL, L.L.C. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island RESIDENTIAL/COMMERCIAL PROPERTY HOLDINGS. **RHODE ISLAND** 5. Principal office address FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Street Address Street Address City State Zip State Zφ 8. RESIDENT AGENT IN RHODE ISLAND : DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address ROBERT C. CAMPBELL ZIp **46 WOOD RIVER LANE WEST GREENWICH** 02817

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

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.

To be Campbell Have when the statements of Authorized Person

Date 7-9-05

FOR SECRETARY OF STATE USE ONLY

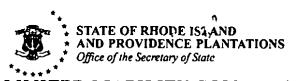
Koloett Campbell
Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

ID No.		name of the limited lid	abilty company			
01319		IAL, L.L.C.			D	
State of Formation				siness which is actually conducted in a	Rhode Island	
HODE ISLAN	ID	RESIDENTIAL/C	OMMERCIAL PROP	KRTY HOLDINGS.		
Principal office ac	ddress	·		City	State	Zip
WOOD RIVE	ER LANE			W GREENWICH	RI	02817
	DRESS O	F LIMITED LIAB	ILITY COMPANY	AND NAME OR TITLE OF	F CONTACT I	PERSON:
<i>niaci Name</i> OBERT C CAN	MDDETT			Contact Title		
reei Address	MEBEDD			City	State	Zip
WOOD RIVE	ER LANE			.WEST GREENWICH	RI	02817-
NAME AND A	DDRESS	OF EACH MANA	GER OF THE LIN	MITED LIABILITY COMPA	' NY. IF APPL	ICABLE
			BEFORE USING A		ATTACHMENT	
	ANY MO	ODIFICATIONS TO M	ANAGERS REQUIRE	S FILING OF AMENDMENT. R.L.	G.L. 7-16-12 (a)	(2) / 7-16-52
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RESIDENT AC	ENT IN RI	HODE ISLAND .00	NOT ALTER- Char	iges require filing of For	m 642 - R.I.G.	L. 7-16-11
ent Name			· · ··	Address		
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ent Name ROBERT C. CA				46 WOOD RIVER LA	NE	Zip
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ent Name ROBERT C. CA	AMPBELL			46 WOOD RIVER LA City WEST GREENWICH rsuant to 7-16-66.		02817
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Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

FORM MUST BE TYI						
I. ID No.			hilm sammani	· ·		
1. ID No. 2. Exact name of the limited liability company AXONAL, L.L.C.						
. State of Formation		•	=	ess which is actually conducted in F	Rhode Island	· · · · · · · · · · · · · · · · · · ·
RHODE ISLAND)	RESIDENTIAL/CO	MMERCIAL PROPE	RTY HOLDINGS.		
. Principal office add		*		City	State	Zip
6 WOOD RIVE	R LANE			W GREENWICH	RI	02817
o. MAILING ADI	DRESS O	F LIMITED LIAB	ILITY COMPANY	AND NAME OR TITLE OF Contact Title	CONTACT	PERSON:
OBERT C CAM	PBELL			• Contact Time		
reet Address				City	State	Zip
WOOD RIVER				.WEST GREENWICH	RI	02817-
NAME AND AL	DRESS (ITED LIABILITY COMPAI	-	_
	ANY MO		BEFORE USING ATT Anagers requires	TACHMENTS ("X" BOX FOR FIUNG OF AMENDMENT. R.I.O		•
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Robert	\cdot \cdot \cdot \cdot	ampbel	.L	•		
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<u>46 Wa</u>	$\frac{2}{2}$	Siate a	Zip	*City	State	Zip
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lanager Name	*****			Manager Name		
Sherry	MOR	<u>Russette</u>	(Ampbell	•		
reei Address LI (mmd	PURTIO	(Street Address		
<i>y</i>		State D	Zip - CO: T	City	State	Zip
v. Green	wich		1 0081 /			
RESIDENT AGE ent Name	NT IN RE	HODE ISLAND -DO	NOT ALTER- Chang	es require filing of Form	n 642 - R.I.G	.L. 7-16- <u>11</u>
ROBERT C. CAI	MPBELL			46 WOOD RIVER LAI	NE	
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ldress		·	•	City		Zip
ldress			-	City WEST GREENWICH -		Ziρ 02817
ddress his report must b		in ink by an auth	orized person purs	WEST GREENWICH *		T '
		in ink by an auth	orized person purs	west Greenwich uant to 7-16-66. Under penalty of perjur		d affirm that I have examined
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File Date

Check No.

FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYP							
1. 1D No.		name of the limited liab	ilty company				
101319	AXONA	L, L.L.C.			**************************************		
3. State of Formation 4. Brief description of the character of the busin					f in Rhode Island		
RHODE ISLAND		RESIDENTIAL/COM	MERCIAL PROPERTY H	IOLDINGS.			
5. Principal office addr	ess	1		City	j State	_	Zip 028/7
46_WOOL		ver hove		W. Greenu			028/1
· —	RESS C	E LIMITED LIVE	LITY COMPANY AN	D NAME ORTITLE	OF CONTACT PI	RSON:	
Conjact Name	Cr	mpbell		· MANAGE	4		
Street Address	1 0	iver Lane		City	State P	_	02817
46 000				N. Greenwi	C_{1}		CEOT
7. NAME AND ADI	ORESS (R OF THE LIMITEL SEFORE USING ATTAC	LIABILITY COMPA CHMENTS ("X" BOX	(NY, IF APPLICA) (<i>FOR ATTACHMENT</i>)	BLE	
	ANY M			LING OF AMENDMENT.	R.I.G.L 7-16-12 (a) (2	/ 7-16-52	
Manager Name		01 11		• Manager Name •			
Sherry	<u>CA</u>	mpbell		• Co • • • • • • • • • • • • • • • • •			
Street Address	1 L) 124 / 242		*Sireet Address			
410 WOO	a r	iver LANC	2:-	*City	State		Zip
W. Greenu	sich	State RI	^{Zip} 02817	·			
Manuger Name	• • • •		<i>, , , , , , , , , , , , , , , , , , , </i>	Manager Name	•••••	• • • • •	
<u> </u>			<u></u> .	Street Address			
Street Address				•			
City		State	Zip	City	State		Zip
			<u> </u>	·			J
	NT IN R	HODE ISLAND -DO	NOT ALTER- Change:	s require filing of F	orm <u>642 - R.J.G.L.</u>	7-16-11	
Agent Name				Address			
ROBERT C. CAMPBE	LL				<u></u>	Lie	
Address				City		Zip	
46 WOOD RIVER LAN	IE			WEST GREENWICH		02817	
This report must b	e signec	l in ink by an auth	orized person pursuc	ant to 7-16-66.			
				16.1		Officers there t	Lhaus avaminud
	* I		^ 1	this report, includi	erjury, I declare and a ng any accompanying ents contained herein	schedules	and statements,

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

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LIMITED LIABILITY COMPANY

ID	Number DLLC 101319	Annual Report for the year 2001				
1.	The name of the limited liability company	is:				
	AXONAL, L.L.C.					
2.	The address of the principal office of the limited liability company is:					
	46 wood River In.	W. Creenwich, RI 02817				
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND					
4.	The name and address of its resident age	ent is: ROBERT C. CAMPBELL				
	46 WOOD RIVER LANE WEST GREEN	WICH RI 02817				
5.	The current mailing address of the limited	liability company and the name or title of a person to whom communications				
	may be directed are: AS Abov	<u>e</u>				
6.	A brief statement of the character of the state: Real Estate	e business in which the limited liability company is actually engaged in this				
7.	If the limited liability company has manag Name	ers, the name and address of each manager of the limited liability company Address				
	Robert C. Compbell Sherry Morrissette Campbell	Alewood River La - W. Greenwich, RI DESIT 46 wood River La W. Greenwich, RIOZSIT				
Da	ated 10-22-01	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.				
	1 0 1 3 1 9	Exact Name of Limited Liability Company				
File	FOR SECRETARY OF STATE USE ONLY Date: 10.24-01	By Robert Campbell MANAGING Wember				
Che	eck No.: 3637	MANIAGING ; Wember				
Ву:	$\widehat{}$	Form No. 632 Revised 01/99				

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State **Corporations Division** 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID	Number DLLC 101319	Annual Report for the year 2000			
1.	The name of the limited liability company is	:			
	AXONAL, L.L.C.				
2.	The address of the principal office of the iir				
	46 wood River (n W. Greenwich RT 02817			
3.	3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND				
4.	The name and address of its resident agen	tis: ROBERT C. CAMPBELL			
	46 WOOD RIVER LANE WEST GREENW	/ICH RI 02817			
5.	The current mailing address of the limited i	iability company and the name or title of a person to whom communications			
	may be directed are: Soul as	alsove			
6.	A brief statement of the character of the state:	business in which the limited liability company is actually engaged in this			
7.	If the limited liability company has manage	rs, the name and address of each manager of the limited liability company Audress			
	Robert (Compbell Sherry 72, Morrissette Campbell	46 wood River la. W. Creenwich, RI 07817 16 wood River Ca. W. Creenwich SI 07817			
Da	1 0 1 3 1 9	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. AXONAL LLC Exact Name of Limited Liability Company			
	FOR SECRETARY OF STATE USE ONLY Date: //-//O-OO ck No.: /OO/	By Robert Campbell Managing member Title Form No. 632			
D	14000	Paris A A A A A			

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence; Rhode Island 02903-1335
Telephone (401) 222-3040

I IMITED LIABILITY COMPANY

	Fliati	ED LIADILITY COMPANY
מו	Number <u>LL 101319</u>	Annual Report for the year 1999
1.	The name of the limited liability company is: AXONAL, L.L.C.	
2.	The address of the principal office of the limit Ab wood River Lo W. (
3.	The state or other jurisdiction under the laws The name and address of its resident agent	of which it is formed is RHODE ISLAND
4.	46 WOOD RIVER LANE WEST GREENW	ICH, RI 02817
5.	The current mailing address of the limited lia	bility company and the name or title of a person to whom communications bove - Robert Campbell 46 wood Riverth W. Greenwich, 27 02817
6.	A brief statement of the character of the b	usiness in which the limited liability company is actually engaged in this
7	If the limited liability company has managers Name	the name and address of each manager of the limited liability company Address
	Robert C. Campbell Sherry B. Campbell	46 Wood River In W. Greenwich, RI 02817 46 Wood River In W. Breenwich, PIOZ817
D	ated 10-27-99 * 1 0 1 3 1 9 *	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. Axonal //C Exact Name of Limited Liability Company
Fil	FOR SECRETARY OF SEATE USE ONLY e Date:	By Robert Campbell
Ch By	SEC'Y OF STATE	Title Form No. 632 Revised 01/99