



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 101319		2. Exact name of the limited liability company AXONAL, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RESIDENTIAL/COMMERCIAL PROPERTY HOLDINGS.	
5. Principal office address 85 Bailey Blvd.		City E. Greenwich	State RI
		Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Robert or Sherry Campbell		Contact Title DIRECTOR - Mg. Member	
Street Address 85 Bailey Blvd		City E. Greenwich	State RI
		Zip 02818	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Robert Campbell		Manager Name Sherry Morrisette-Campbell	
Street Address 85 Bailey Blvd.		Street Address 85 Bailey Blvd	
City E. Greenwich	State RI	City E. Greenwich	State RI
Zip 02818		Zip 02818	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ROBERT C. CAMPBELL		Address	
Address 46 WOOD RIVER LANE		City WEST GREENWICH	Zip 02817

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



File Date	9/21/05	*101319*
Check No.	0230	
By:	A	
FOR SECRETARY OF STATE USE ONLY		

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 Mg. Member
Signature of Authorized Person Date 9-29-05
Robert Campbell
Print or Type Name of Authorized Person



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AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 101319		2. Exact name of the limited liability company AXONAL, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RESIDENTIAL/COMMERCIAL PROPERTY HOLDINGS.	
5. Principal office address 46 WOOD RIVER LANE		City W GREENWICH	State RI Zip 02817
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT C CAMPBELL		Contact Title	
Street Address 46 WOOD RIVER LANE		City WEST GREENWICH	State RI Zip 02817-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Robert Campbell		Manager Name	
Street Address 46 Wood River Ln		Street Address	
City W. Greenwich	State RI	Zip 02817	
Manager Name Sherrill Morrisette-Campbell		Manager Name	
Street Address 46 Wood River Ln		Street Address	
City W. Greenwich	State RI	Zip 02817	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ROBERT C. CAMPBELL		Address 46 WOOD RIVER LANE	
Address		City WEST GREENWICH	Zip 02817

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



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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.

R. Campbell 8-24-04
Signature of Authorized Person Date
Robert C Campbell
Print or Type Name of Authorized Person

101319 DLLC 08/24/04 09:00:18 AM

File Date RECEIVED

Check No. SEP 01 2004

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02



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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 101319		2. Exact name of the limited liability company AXONAL, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RESIDENTIAL/COMMERCIAL PROPERTY HOLDINGS.	
5. Principal office address 46 WOOD RIVER LANE		City W GREENWICH	State RI Zip 02817
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name ROBERT C CAMPBELL Contact Title			
Street Address 46 WOOD RIVER LANE		City WEST GREENWICH	State RI Zip 02817-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Robert C Campbell		Manager Name	
Street Address 46 Wood River Ln.		Street Address	
City W. Greenwich	State RI	City	State Zip
Manager Name Sherry Morrisette Campbell		Manager Name	
Street Address 46 Wood River Ln		Street Address	
City W. Greenwich	State RI	City	State Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ROBERT C. CAMPBELL		Address 46 WOOD RIVER LANE	
Address		City WEST GREENWICH	Zip 02817

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



1 0 1 3 1 9

101319 DLLC 08/23/04 03:29:12 PM
File Date **RECEIVED**
Check No. **SEP 01 2004**
By: **W**
FOR SECRETARY OF STATE USE ONLY

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.

R. Campbell 8/23/04
Signature of Authorized Person Date
Robert Campbell
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 101319		2. Exact name of the limited liability company AXONAL, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RESIDENTIAL/COMMERCIAL PROPERTY HOLDINGS.	
5. Principal office address 46 Wood River Lane		City W. Greenwich	State RI
		Zip 02817	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Robert Campbell		Contact Title Manager	
Street Address 46 Wood River Lane		City W. Greenwich	State RI
		Zip 02817	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Sherry Campbell		Manager Name	
Street Address 46 Wood River Lane		Street Address	
City W. Greenwich	State RI	City	State
Zip 02817		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ROBERT C. CAMPBELL		Address	
Address 46 WOOD RIVER LANE		City WEST GREENWICH	Zip 02817

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



* 1 0 1 3 1 9 *

File Date	12-6-02
Check No.	3983
By:	[Signature]
FOR SECRETARY OF STATE USE ONLY	

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.

RCampbell **9-28-02**
Signature of Authorized Person Date
Robert Campbell
Print or type Name of Authorized Person

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 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 Ln. W. Greenwich, 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 agent is: ROBERT C. CAMPBELL

46 WOOD RIVER LANE WEST GREENWICH 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 Above

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Robert C Campbell</u>	<u>46 Wood River Ln - W. Greenwich, RI 02817</u>
<u>Sherry Morrisette Campbell</u>	<u>46 Wood River Ln W. Greenwich, RI 02817</u>

Dated 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.

AXONAL LLC

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date: 10-24-01

Check No.: 3637

By: RC

By Robert Campbell

MANAGING member
Title

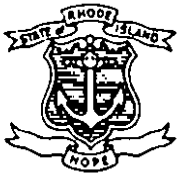
Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at (401) 222-3040, or from our web site at www.state.ri.gov.

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 limited liability company is:

46 Wood River Ln W. Greenwich, 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 agent is: ROBERT C. CAMPBELL

46 WOOD RIVER LANE WEST GREENWICH 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: Same as above

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

<u>Name</u>	<u>Address</u>
<u>Robert C Campbell</u>	<u>46 Wood River Ln. W. Greenwich, RI 02817</u>
<u>Sherry B. Morrisette-Campbell</u>	<u>46 Wood River Ln. W. Greenwich, RI 02817</u>

Dated 11-10-00



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

By Robert Campbell
Managing member
Title

FOR SECRETARY OF STATE USE ONLY

File Date: 11-16-00

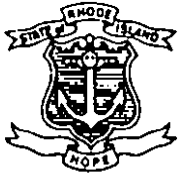
Check No.: 1001

Ry: BMF

Form No. 632
Revised 01/00

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 LL 101319

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 limited liability company is:

46 Wood River Ln W. Greenwich, 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 agent is: ROBERT C. CAMPBELL

46 WOOD RIVER LANE WEST GREENWICH, 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: Same as Above - Robert Campbell

46 Wood River Ln W. Greenwich, RI 02817

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Residential/Commercial property holdings.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Robert C Campbell

46 Wood River Ln W. Greenwich, RI 02817

Sherry B. Campbell

46 Wood River Ln W. Greenwich, RI 02817

Dated 10-27-99

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 *

AXONAL LLC

Exact Name of Limited Liability Company

By Robert Campbell

MANAGING member

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

Check No.:

By:

PAID
NOV 12 1999
SECY OF STATE

Form No. 632
Revised 01/99