



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2019

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

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|--|--------------------|---|--------------------|---------------------|-----|
| 1. Entity 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 business conducted in Rhode Island residential/commercial property holdings (531390) | | | |
| 5. Principal office address 85 Bailey Boulevard | | City East Greenwich | State RI | Zip 02818 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Robert C. Campbell | | Contact Title Managing Member | | | |
| Street Address 85 Bailey Boulevard | | City East Greenwich | State RI | Zip 02818 | |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Manager Name Sherri Morrissette-Campbell | | Manager Name | | | |
| Street Address 85 Bailey Boulevard | | Street Address | | | |
| City East Greenwich | State RI | Zip 02818 | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | | | |

FILED

OCT 04 2019 *KM*

BY 1572

File Date _____

Check No _____

By: _____

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 C Campbell 10-1-19
 Signature of Authorized Person Date

Robert C. Campbell
 Print or Type Name of Authorized Person