



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

Annual Report for the year: 2020
Corporation

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

FILED

JAN 27 2020

BY 4588 DS

| | | | | | |
|--|--------------------|---|---|--------------------------|---------------------|
| 1. Entity ID Number 90888 | | 2. Exact name of the Corporation Axis Machining, Inc. | | | |
| 3. Principal Office Address 549 River Street | | City Woonsocket | | State RI | Zip 02895 |
| 4. NAICS Code 332710 | | 6. Brief description of the character of business conducted in Rhode Island machining/manufacturing | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Paul Suffoletto | | | Vice-President Name | | |
| Street Address 40 Pound Road | | | Street Address | | |
| City Chepachet | State RI | Zip 02814 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 1000 | CNP | \$0.00 |
| | | | | | |
| 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 Paul Suffoletto | | | | Date 1/24/2020 | |
| Signature of Authorized Representative Paul Suffoletto pro | | | | SIGN DOCUMENT HERE | |