	State of Rhode	
	Office of the Secret	-
	Division Of Busine	
	148 W. River Providence RI 029	
HOPE	(401) 222-3	
Limited Liability Company		
Annual Report		
Filing Period: September 1 - N	November 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.		
ANNUAL REPORT YEAR: 2020		
1. ID No. <u>000137541</u>		
2. Exact Name of the Limited Liability Company Axos Clearing LLC		
3. State of Formation		
State: <u>DE</u>		
	ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>523120</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
BROKER DEALER (SECURITIES CLEARING)		
5. Principal Office Address		
No. and Street: 1200 LANDMARK CENTER, 1299 FARNAM STREET		
SUITE 800	<u>)</u>	St. ( ) NE 75 (20102 1016 Country USA
City or Town: <u>OMAHA</u>		State: <u>NE</u> Zip: <u>68102-1916</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: Contact Title:		
No. and Street: <u>1200 LANDMARK CENTER, 1299 FARNAM STREET</u> SUITE 800		
City or Town: OMAHA State: NE Zip: 68102-1916 Country: USA		
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS		
Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	JEFF SIME	1200 LANDMARK CENTER, 1299 FARNAM STREET SUITE 800

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 23 Day of September, 2020 at 2:02:35 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>KELLY LETTMANN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved