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

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BUS SVCS DIV
2021 MAY 17 PM 12:09

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.

1. Entity ID Number	2. Exact name of the Corporation		
001694205	Axxys Construction Group, Inc		
3. Principal Office Address	City	State	Zip
4101 Nicols Rd	Eagan	MN	55122
4. NAICS Code: 236220	6. Brief description of the character of business conducted in Rhode Island: Commercial General Contractor		
5. State of Incorporation: Florida			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Yohan Ohayon			Vice-President Name: Ilan Reich		
Street Address: 4101 Nicols Rd, Suite 100			Street Address: 4101 Nicols Rd, Suite 100		
City: Eagan	State: MN	Zip: 55122	City: Eagan	State: MN	Zip: 55122
Secretary Name: Nate Sanders			Treasurer Name:		
Street Address: 4101 Nicols Rd, Suite 100			Street Address:		
City: Eagan	State: MN	Zip: 55122	City:	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	CWP	$1000.00

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	Date
Nate Sanders	5/5/21

Signature of Authorized Representative: [signature] SIGN DOCUMENT ONLINE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
MAY 17 2021
BY: 22B4H
12:11

FORM 630 - Revised: 10/2017