



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**Annual Report for the year: 2021**  
**Limited Liability Company**

OCT 1 2021

RYA 7378

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>101319</b>		2. Exact name of the Limited Liability Company <b>Axonal, L.L.C.</b>			
3. NAICS Code <b>531390</b>		4. Brief description of the character of business conducted in Rhode Island residential/commercial property holdings			
5. State of Formation Rhode Island					
6. Principal Office Address 21 Schoolhouse Pond Road		City Charlestown	State RI	Zip 02813	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Robert C. Campbell			Contact Title Managing Member		
Street Address 21 Schoolhouse Pond Road		City Charlestown	State RI	Zip 02813	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Sherri Morrisette-Campbell		Manager Name			
Street Address 21 Schoolhouse Pond Road		Street Address			
City Charlestown	State RI	Zip 02813	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642					
<i>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.</i>					
Name of Authorized Person Robert C. Campbell				Date 09-29-2021	
Signature of Authorized Person <i>Robert Campbell</i>					

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