RI SOS Filing Number: 202564685000 Date: 2/10/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
001737857	Axiom Product Administration Inc.

3. Principal Office Address	City	State	Zip
1 Progress Point Parkway, Suite 101	OFallon	MO	63368

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
524128	To engage in any lawful activity for which corporations may be organized in this state.
5. State of Incorporation: MS	

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

President Name	Street Address	City	State	Zip
Michael Reth	1 Progress Point Parkway, Suite 101	OFallon	MO	63368

Vice-President Name	Street Address	City	State	Zip
David Reth	1 Progress Point Parkway, Suite 101	OFallon	MO	63368

Secretary Name	Street Address	City	State	Zip
Suzanne Hance	1 Progress Point Parkway, Suite 101	OFallon	MO	63368

Treasurer Name	Street Address	City	State	Zip

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

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	97.00	CWP/A	$97.00
	3.00	CWP/A	$3.00

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.

FILED
FEB 10 2025
BY SGMTX

Name of Authorized Representative	Date
Suzanne Hance	2/5/25

Signature of Authorized Representative: Suzanne Hance

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

FORM 630- Revised 12/2023