



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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.

1. ID No. 112045		2. Exact name of the limited liability company AXA DISTRIBUTORS, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island BROKER/ AGENT FOR THE DISTRIBUTION OF INSURANCE AND FINANCIAL PRODUCTS	
5. Principal office address 1290 AVENUE OF THE AMERICAS		City NEW YORK	State NEW YORK
		Zip 10104	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STACEY STERLING		Contact Title SR. LEGAL ASSISTANT	
Street Address 1290 AVENUE OF THE AMERICAS		City NEW YORK	State NEW YORK
		Zip 10104	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name PHILLIP MESERVE		Manager Name JAMES SHEPHERDSON	
Street Address 1290 AVENUE OF THE AMERICAS		Street Address 1290 AVENUE OF THE AMERICAS	
City NEW YORK	State NEW YORK	City NEW YORK	State NEW YORK
Zip 10104		Zip 10104	
Manager Name WILLIAM MILLER, JR.		Manager Name	
Street Address 1290 AVENUE OF THE AMERICAS		Street Address	
City NEW YORK	State NEW YORK	City	State
Zip 10104		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

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

File Date 1-25-08
 Check No. A51000420 P01982724
 By: MME
 FOR SECRETARY OF STATE USE ONLY

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.

J. Shepherdson 11/30/07
 Signature of Authorized Person Date
JAMES SHEPHERDSON **EVP**
 Print or Type Name of Authorized Person