



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

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - 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:** 2010

**1. ID No.** 000502159

**2. Exact Name of the Limited Liability Company** Axia Insurance Services of Rhode Island LLC

**3. State of Formation**

State: RI

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

To act as an insurance agent or broker and to otherwise engage in any lawful act or activity for which limited liability companies may be organized under the laws of Rhode Island.

**5. Principal Office Address**

No. and Street: 730 KINGSTOWN ROAD

City or Town: WAKEFIELD

State: RI

Zip: 02879

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: JAY MURPHY Contact Title: PRESIDENT

No. and Street: 730 KINGSTOWN ROAD

City or Town: WAKEFIELD

State: RI

Zip: 02879

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

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

JAY MURPHY 730 KINGSTOWN ROAD WAKEFIELD , RI 02879

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

**Signed this 1 Day of September, 2010 at 11:05:06 AM 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 JONATHAN J. KANE  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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