PHM	State of Rhode Islan	ad and Brovidence B	lantations	Fee: \$50.
RA		ne Secretary of State		FCC. 450.
	Division	Of Business Services		
	. 148	W. River Street		
Co Carre	.0	ence RI 02904-2615		
etary of	(4	01) 222-3040		
	ity Company			
Innual Repo	t tember 1 - November 1			
ning renou. Sep				
	h R.I.G.L. 7-16-66(d), each limited ort within thirty (30) days after the t			
	ubject to a penalty fee of \$25.00.		.O.L.	
ANNUAL REPO	RT YEAR: <u>2010</u>			
1. ID No. 00	0108862			
	of the Limited Liability Compar	ny AXA Network IIC		
		AAA Network, LLC		
3. State of For	nation			
State: <u>DE</u> 4. Brief Descrip	tion of the Character of the Bus	iness Which is Actually (Conducted in I	Rhode Island
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 155 SOUTH MAIN STREET, SUITE 301 PROVIDENCE , RI 02903

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

Signed this 9 Day of October, 2010 at 4:45:30 PM 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 <u>LAURA LOUIS</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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