



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 124088		2. Exact name of the limited liability company Creative Solutions Group, Employee Benefits Specialist, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island INSURANCE AGENCY			
5. Principal office address TWO BRISTOL ROAD - UNIT B		City MIDDLETOWN	State RI	Zip 02842	
Contact Name DAVID B. FRASER		Contact Title MANAGER			
Street Address TWO BRISTOL ROAD - UNIT B		City MIDDLETOWN	State RI	Zip 02842	
Manager Name DAVID B. FRASER		Manager Name			
Street Address TWO BRISTOL ROAD - UNIT B		Street Address			
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

SEP 21 2012

BY 2235 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.

Signature of Authorized Person

Date

DAVID B. FRASER

Print or Type Name of Authorized Person