



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
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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. <u>695891</u>		2. Exact name of the limited liability company <u>CAPTIV, LLC</u>			
3. State of Formation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>SALES OF FOOD PRODUCT</u>			
5. Principal office address: <u>P.O. BOX 9352</u>		City <u>PROVIDENCE</u>		State <u>R.I.</u>	Zip <u>02940</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name <u>DEAN G. ROBINSON, ESQ</u>		Contact Title			
Street Address <u>670 WILLETT AVENUE</u>		City <u>EAST PROVIDENCE</u>		State <u>R.I.</u>	Zip <u>02915</u>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City	Zip	City	State	Zip	
Manager Name		Manager Name			
Street Address		Street Address			
City	State	City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

FEB 06 2013

BY (Signature)

29-189395

File Date
Check No.
By
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.

William F. Suden 2/6/2013
Signature of Authorized Person Date

WILLIAM F. SUDEN
Print or Type Name of Authorized Person