



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

2013 FEB -6  
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**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