



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 89878		2. Exact name of the Corporation CAPTURE, INC.			
3. Principal office address 255 Main Street, #203		City Pawtucket		State RI	Zip 02860
4. Business Phone No. 401-732-3269		5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island To perform consulting					
President Name Maureen Marion					
Vice-President Name Stuart Marion					
Street Address 255 Main Street, #203					
City Pawtucket		State RI	Zip 02860	City Pawtucket	
Secretary Name Stuart Marion		Treasurer Name Maureen Marion			
Street Address 255 Main Street, #203					
City Pawtucket		State RI	Zip 02860	City Pawtucket	
1. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
Director Name Stuart Marion					
Street Address 255 Main Street, #203					
City Pawtucket		State RI	Zip 02860	City Pawtucket	
Director Name Maureen Marion					
Street Address 255 Main Street, #203					
City Pawtucket		State RI	Zip 02860	City Pawtucket	
2. SHARES AUTHORIZED					
2. SHARES ISSUED (X) BOX FOR ATTACHMENT					
NUMBER OF SHARES 100					
CLASS/SERIES Common					
PAR VALUE None					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.					

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Maureen Marion
Signature of Authorized Representative

5/30/13
Date

Maureen Marion, President

Print or Type Name of Authorized Representative

LED 12:34 pm
JUN 03 2013
By *198499*
KM