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**ANNUAL AUDITED REPORT**  
**FORM X-17A-5**  
**PART III**

OMB APPROVAL  
OMB Number: 3235-0123  
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8-43350

**FACING PAGE**  
**Information Required of Brokers and Dealers Pursuant to Section 17 of the**  
**Securities Exchange Act of 1934 and Rule 17a-5 Thereunder**

REPORT FOR THE PERIOD BEGINNING 01/01/15 AND ENDING 12/31/15  
MM/DD/YY MM/DD/YY

**A. REGISTRANT IDENTIFICATION**

NAME OF BROKER-DEALER: Arive Capital Markets, LLC

OFFICIAL USE ONLY  
FIRM I.D. NO.

ADDRESS OF PRINCIPAL PLACE OF BUSINESS: (Do not use P.O. Box No.)

9017 5<sup>th</sup> Avenue

(No. and Street)

Brooklyn

(City)

NY

(State)

11209

(Zip Code)

NAME AND TELEPHONE NUMBER OF PERSON TO CONTACT IN REGARD TO THIS REPORT

Rocco Guidici Pietro

(Area Code - Telephone Number) 212-687-5650

**B. ACCOUNTANT IDENTIFICATION**

INDEPENDENT PUBLIC ACCOUNTANT whose opinion is contained in this Report\*

Nawrocki Smith LLP

(Name - if individual, state last, first, middle name)

290 Broad Hollow Road

(Address)

Melville

(City)

NY

(State)

11747

(Zip Code)

**CHECK ONE:**

Certified Public Accountant

Public Accountant

Accountant not resident in United States or any of its possessions.

SECURITIES AND EXCHANGE COMMISSION  
**RECEIVED**  
JUN 15 2016  
DIVISION OF TRADING & MARKETS

**FOR OFFICIAL USE ONLY**

\*Claims for exemption from the requirement that the annual report be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See Section 240.17a-5(e)(2)

JG

OATH OR AFFIRMATION

I, Rocco Guidici Pietro, swear (or affirm) that, to the best of my knowledge and belief the accompanying financial statement and supporting schedules pertaining to the firm of Arive Capital Markets, LLC, as of December 31, 2015, are true and correct. I further swear (or affirm) that neither the company nor any partner, proprietor, principal officer or director has any proprietary interest in any account classified solely as that of a customer, except as follows:

\_\_\_\_\_

\_\_\_\_\_

*Thomas F. Sullivan*

THOMAS F. SULLIVAN  
Notary Public, State of New York  
No. 01SU6028131  
Qualified in Nassau County  
Commission Expires May 24, 2019

Notary Public

*[Signature]*  
Signature

OWNER  
Title

This report \*\* contains (check all applicable boxes):

- X (a) Facing Page.
- X (b) Statement of Financial Condition.
- X (c) Statement of Income (Loss).
- X (d) Statement of Cash Flows
- X (e) Statement of Changes in Stockholders' Equity or Partners' or Sole Proprietors' Capital.
- (f) Statement of Changes in Liabilities Subordinated to Claims of Creditors.
- X (g) Computation of Net Capital.
- (h) Computation for Determination of Reserve Requirements Pursuant to Rule 15c3-3.
- X (i) Information Relating to the Possession or Control Requirements Under Rule 15c3-3.
- (j) A Reconciliation, including appropriate explanation of the Computation of Net Capital Under Rule 15c3-1 and the Computation for Determination of the Reserve Requirements Under Exhibit A of Rule 15c3-3.
- (k) A Reconciliation between the audited and unaudited Statements of Financial Condition with respect to methods of consolidation.
- X (l) An Oath or Affirmation.
- X (m) A copy of the SIPC Supplemental Report.
- (n) A report describing any material inadequacies found to exist or found to have existed since the date of the previous audit.
- X Exemption Report
- X Report of Independent Registered Public Accounting Firm

\*\*For conditions of confidential treatment of certain portions of this filing, see section 240.17a-5(e)(3).

# Arive Capital Markets LLC

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# Arive Capital Markets, LLC

Balance Sheet  
December 31, 2015

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<i>Assets</i>	
Cash	\$ 25,311
Deposit with clearing organization	25,000
Accounts receivable	119,372
Other assets	39,524
Goodwill	65,000
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TOTAL ASSETS	\$ 274,207

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<i>Liabilities and Member's Deficit</i>	
<i>Liabilities:</i>	
Payroll liabilities	\$ 84,383
Subordinated debt	100,001
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Total liabilities	184,384
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Member's deficit	89,823
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TOTAL LIABILITIES AND MEMBER'S DEFICIT	\$ 274,207