



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

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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. <u>710-324</u>		2. Exact name of the limited liability company <u>CST Enterprises, LLC</u>			
3. State of Formation <u>Delaware</u>		4. Brief description of the character of business conducted in Rhode Island <u>Shipping Facility</u>			
5. Principal office address <u>237 W. 37th Street</u>		City <u>New York</u>	State <u>NY</u>	Zip <u>10011</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Yitz Gracie</u>		Contact Title <u>Controller</u>			
Street Address <u>237 W. 37th Street</u>		City <u>New York</u>	State <u>NY</u>	Zip <u>10018</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Manager Name <u>Steve Surra</u>		Manager Name			
Street Address <u>25 Fairmount Ave.</u>		Street Address			
City <u>E. Providence</u>	State <u>RI</u>	Zip <u>02914</u>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND <u>Steve Surra 25 Fairmount Ave. E. Providence RI 02914</u>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 632					

FILED

JUN 17 2013

File Date BY CL 199494

Check No _____ 12-15

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.

Yitz Gracie 5/3/13
 Signature of Authorized Person Date
 Print or Type Name of Authorized Person