



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. ID No. 000512740

2. Exact Name of the Limited Liability Company Carolina Logistics Services, LLC

3. State of Formation

State: NC

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Reverse logistics processing services

5. Principal Office Address

No. and Street: 635 VINE ST
City or Town: WINSTON-SALEM State: NC Zip: 27101 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: DAVID COBURN Contact Title: SR. TAX ANALYST
No. and Street: 635 VINE ST
MAIL CODE 5S-TAX
City or Town: WINSTON-SALEM State: NC Zip: 27101 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	L DAVID MOUNTS	635 VINE ST WINSTON SALEM, NC 27101 USA
MANAGER	MARK JUNG	635 VINE ST WINSTON SALEM, NC 27101 USA
MANAGER	AZRA KANJI	635 VINE ST WINSTON SALEM, NC 27101 USA
MANAGER	PEGGY KOENIG	635 VINE ST WINSTON SALEM, NC 27101 USA

MANAGER

ZIHENG PAN

635 VINE ST
WINSTON SALEM, NC 27101 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

NATIONAL CORPORATE RESEARCH, LTD. 222 JEFFERSON BOULEVARD WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 8 Day of October, 2015 at 11:33:31 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DAVID COBURN
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2015 State of Rhode Island and Providence Plantations
All Rights Reserved