



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____ **2012**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 108293		2. Name of Corporation CST Donuts, Inc.			
3. Street Address Principal Business Office 690 Oaklawn Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-946-5450		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island to operate a retail food and beverage shop					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Charles Tsoumakas			Vice President Name Charles Tsoumakas		
Street Address One Alberta Street			Street Address One Alberta Street		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Secretary Name Sheila Tsoumakas			Treasurer Name Charles Tsoumakas		
Street Address One Alberta Street			Street Address One Alberta Street		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Charles Tsoumakas			Director Name N/A		
Street Address One Alberta Street			Street Address		
City Hope	State RI	Zip 02831	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	no par value		100		no par value

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.

FILED

File Date: JAN 20 2012

Check No.: 4398

By: [Signature]

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.

Signature: [Signature] Date: 1/11/12

Charles Tsoumakas
Print or Type Name
President
Title