



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 2012

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. 100798		2. Exact name of the Corporation GOLD ATHENA CORP.			
3. Principal office address 970 DOUGLAS PIKE UNIT 2			City SMITHFIELD	State RI	Zip 02917
4. Business Phone No. 401-233-8133			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island RETAIL SALES OF FOOD PRODUCTS AND BEVERAGES					
President Name KANELLOS GIOUSTSOS			Vice-President Name KANELLOS GIOUSTSOS		
Street Address 970 DOUGLAS PIKE UNIT 2			Street Address 970 DOUGLAS PIKE UNIT 2		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name KANELLOS GIOUSTSOS			Treasurer Name KANELLOS GIOUSTSOS		
Street Address 970 DOUGLAS PIKE UNIT 2			Street Address 970 DOUGLAS PIKE UNIT 2		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name KANELLOS GIOUSTSOS			Director Name		
Street Address 970 DOUGLAS PIKE UNIT 2			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
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.			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	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.

File Date _____
 Check No. _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

MAR 26 2012

By Mme
CAF 6145

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.

Feb 3-15-12 ✓
 Signature of Authorized Representative Date

PRESIDENT, Kanellos Gioustsos
 Print or Type Name of Authorized Representative