



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 2013

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. 108293		2. Exact name of the Corporation CST Donuts, Inc.			
3. Principal office address 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 & beverage shop					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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.					

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

FEB 21 2013

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.

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY

BY

4607

Signature of Authorized Representative

Date

Charles Tsoumakas, President

Print or Type Name of Authorized Representative