



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

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>106956</u>		2. Exact name of the limited liability company <u>East Providence House of Pizza</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Restaurant</u>			
5. Principal office address <u>187 Willett Avenue</u>		City <u>East Providence</u>	State <u>RI</u>	Zip <u>02915</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Evangelos Lambrou</u>		Contact Title <u>Manager</u>			
Street Address <u>187 Willett Avenue</u>		City <u>East Providence</u>	State <u>RI</u>	Zip <u>02915</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>Evangelos Lambrou</u>		Manager Name			
Street Address <u>187 Willett Avenue</u>		Street Address			
City <u>East Providence</u>	State <u>RI</u>	Zip <u>02915</u>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

2012 AUG 6 AM 11:02
 SECRETARY OF STATE
 CORPORATIONS DIV

FILED 1102

AUG 16 2012

BY 02176995

File Date _____
 Check No _____
 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.

Evangelos Lambrou
 Signature of Authorized Person

8/14/12
 Date

Evangelos Lambrou
 Print or Type Name of Authorized Person