



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. 553706		2. Exact name of the limited liability company E & A Brothers, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. Principal office address 338 North Canal Street, Unit 16		City South San Francisco	State CA	Zip 94080	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Konstantinos Dokos			Contact Title		
Street Address 338 North Canal Street #16		City So San Francisco	State CA	Zip 94080	
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 Theodora Dokos		Manager Name Filippos Lampros			
Street Address 1060 Sycamore Dr		Street Address 1060 Sycamore Dr			
City Millbrae	State CA	Zip 94030	City Millbrae	State CA	Zip 94030
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.					

FILED

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By cr 0152

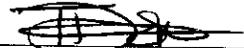
File Date _____

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.


 Signature of Authorized Person _____ Date **10 09 12**

Theodora Dokos
 Print or Type Name of Authorized Person _____