



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 133008		2. Exact name of the limited liability company ADACO, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Pizza Restaurant	
5. Principal office address 324 WATERMAN AVENUE		City EAST PROVIDENCE	State RI
		Zip 02915-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Andreas Andrikopoulos		Contact Title President	
Street Address 33 Wagon Lane		City North Attleboro	State MA
		Zip 02703	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ANDREAS ANDRIKOPOULOS		Address 324 WATERMAN AVENUE	
Address 324 Waterman Avenue		City EAST PROVIDENCE	Zip 02915-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 3 3 0 0 8

\*133008 DLLC 02/09/05 03:40:51 PM\*

File Date 2/11/05

Check No 1571

By DA

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.

Andreas Andrikopoulos 2/9/05  
Signature of Authorized Person Date  
Andreas Andrikopoulos  
Print or Type Name of Authorized Person



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# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 133008		2. Exact name of the limited liability company ADACO, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PIZZA RESTAURANT	
5. Principal office address 324 Waterman Av		City East Providence	State RI
		Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Andreas Andrikopoulos		Contact Title Pres.	
Street Address 33 Wagon LN		City Attleboro	State MA
		Zip 02703	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
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City	State	City	State
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Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ANDREAS ANDRIKOPOULOS		Address	
Address 324 WATERMAN AVENUE		City EAST PROVIDENCE	Zip 02915-

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



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	11/1/05	*133008*
Check No.	1045	
By:		
FOR SECRETARY OF STATE USE ONLY		

Signature of Authorized Person Date 10/31/05  
Print or Type Name of Authorized Person Andreas Andrikopoulos