

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

(FORM MUST BE TYPE			Filing Fee: \$50.0	0			-		
1 1D No 133008	2. Exact	name of the limited l.	iabilty company	················ <u>-</u>		-			
3. State of Formation			the character of the bu	siness which is actually conducted	i= Phada Island				
RHODE ISLAND		Pizza Restauz	ant	he business which is actually conducted in Rhode Island					
5. Principal office addre		1	 	City	State		Zip		
324 WATERMAN				EAST PROVIDENCE	RI		02915-		
6. MAILING ADDI Contact Name Andreas Andri			BILITY COMPANY	Contact Title President					
Street Address 33 Wagon Lane	-			Cuy North Attleboro	Siare MA		Z ₁ p 02703		
7. NAME AND ADI		I ALL INSTACE,	DEFORE USING A	MITED LIABILITY COMP	I PANY, 1F APPL OR ATTACHMENT	311	02703		
Manager Name		SOU ICATIONS TO N	MINGERS REQUIRE	S FILING OF AMENDMENT. R • Manager Name	.J.G.L 7-16-12 (a) ((2) / 7-16-52	the term with personal		
Street Address	<u>-</u> -			• Street Address					
City		State	Zip	*City	State		Zip		
Manager Name		l		*Manager Name			J		
Co 111		· <u> </u>							
Street Address			_	• Street Address					
Ciry		State	Zip	City	State		Zip		
ANDREAS ANDR			NOT ALTER- Chan	ges require filing of Fo Address 324 WATERMAN AV		7-16-11	The second		
Address			_	City Zip		Zip			
324 Waterman A	venue		-	EAST PROVIDENCE	: 	02915-	02915-		
This report must be	signed	in ink by an auti	horized person pur	suant to 7-16-66.					
*133008 DLLC 02 File Date 2 Check No 15 By 0 FOR SECRETARY OF S	71 A	5		Under penalty of personal this report, including and that all statement and that all statement are signature of Authorized Andreas And	any accompanying scontained hereing scontained here	g schedules at are true and	nd statements,		
			_				rom 632 Rev 6/02		



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 Nonh Main Street Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

	PED OR PRINTED IN BLACK)							
1. ID No. 133008		name of the limited liability company						
3. State of Formation	ADACO, LLC	an aciba at a second						
RHODE ISLAND	J		iness which is actually conducted in Rhode	Island				
5. Principal office add	waterman	Av	East Provide	State RI	2.tp			
	PRESS OF LIMITED LIABI		NAME OR TITLE OF CONTACT P					
Sireei Address 33 Wa	gon LN		ATTlebor.	State MA	02703			
	FILI. IN SP	ACES BEFORE USING	DLIABILITY COMPANY, IF APPLI ATTACHMENTS ("X" BOX FOR ES FILING OF AMENDMENT, R.I Manager Name	ATTACHMENT)	7-16-52			
Street Address			Street Address					
City	State	Zip	City	State	Zip			
lanager Name	······		Manager Name					
ireet Address	-		Street Address		•			
Yry	State	Zip	City	State	Zφ			
gent Name		DO NOT ALTER - Ch	anges require filing of Form 64	2 · R.I.G.L. 7-16-11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
. RESIDENT AGI geni Name ANDREAS ANDRIK ddress		DO NOT ALTER - Ch	T T	2 · R.I.G.L. 7-16-11				

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,
File Date	contained herein are true and correct.
By:	Signature of Authorized Person Date Andrews Andr. Kapu (6)
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person