



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 115224		2. Exact name of the limited liability company EDC Pizza, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATE AND MANAGE A RESTAURANT			
5. Principal office address 15 SYLVIA LANE		City LINCOLN	State RI	Zip 02865-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ED DACRUZ			Contact Title .		
Street Address 15 SYLVIA LANE		City LINCOLN	State RI	Zip 02865-	
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 ED DACRUZ		Manager Name N/A			
Street Address 15 SYLVIA LANE		Street Address .			
City LINCOLN	State RI	Zip 02865	City .	State .	Zip .
Manager Name N/A		Manager Name N/A			
Street Address .		Street Address .			
City .	State .	Zip .	City .	State .	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 DAVID N. BAZAR, ESQ.		Address 35 HIGHLAND AVENUE			
Address .		City EAST PROVIDENCE		Zip 02914-	

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



1 1 5 2 2 4

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 10/10/05
ED DACRUZ
Print or Type Name of Authorized Person

115224 DLLC 10/05/05 09:48:42 AM

File Date 10/13/05

Check No. 1401

By: CXC

FOR SECRETARY OF STATE USE ONLY



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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5. Principal office address 15 SLVIA LANE		City LINCOLN	State RI
		Zip 02865-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ED DACRUZ		Contact Title	
Street Address 15 SYLVIA LANE		City LINCOLN	State RI
		Zip 02865-	
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 Ed Dacruz		Manager Name	
Street Address 15 Sylvia Lane		Street Address	
City Lincoln	State Rhode Island	City	State
Zip 02865		City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		City	State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name DAVID N. BAZAR		Address 1481 WAMPANOAG TRAIL	
Address		City EAST PROVIDENCE	Zip 02915

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION
SEP 28 12 32 PM '04

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



1 1 5 2 2 4

115224 DLLC 09/09/04 11:01:00 AM

File Date 10/12/04

Check No. 1214

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.

Ed Dacruz 9/20/04
Signature of Authorized Person Date

ED DACRUZ
Print or Type Name of Authorized Person



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

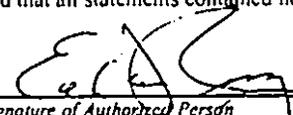
1. ID No. 115224		2. Exact name of the limited liability company EDC Pizza, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATE AND MANAGE A RESTAURANT			
5. Principal office address 15 SYLVIA LANE		City LINCOLN	State RI	Zip 02865-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ED DACRUZ			Contact Title .		
Street Address 15 SYLVIA LANE		City LINCOLN	State RI	Zip 02865-	
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 ED DACRUZ		• Manager Name N/A			
Street Address 15 SYLVIA LANE		• Street Address .			
City LINCOLN	State RI	Zip 02865	City .	State .	Zip .
Manager Name N/A		• Manager Name N/A			
Street Address .		• Street Address .			
City .	State .	Zip .	City .	State .	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 DAVID N. BAZAR		Address 1481 WAMPANOAG TRAIL			
Address .		City EAST PROVIDENCE	Zip 02915-		

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



1 1 5 2 2 4

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 9/22/03
ED DACRUZ
Print or Type Name of Authorized Person

115224 DLLC 09/11/03 03:17:16 PM

File Date 9/30/03

Check No. 942

By: 

FOR SECRETARY OF STATE USE ONLY



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1337
401.222.3140

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *115224*		2. Exact name of the limited liability company EDC Pizza, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATE AND MANAGE A RESTAURANT			
5. Principal office address 15 SYLVIA LANE		City LINCOLN	State RI	Zip 02865-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ED DACRUZ		Contact Title			
Street Address 15 SYLVIA LANE		City LINCOLN	State RI	Zip 02865-	
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 ED DACRUZ		*Manager Name			
Street Address 15 SYLVIA LANE		*Street Address			
City LINCOLN	State RI	Zip 02865	City	State	Zip
*Manager Name		*Manager Name			
Street Address		*Street Address			
City	State	Zip	City	State	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 DAVID N. HAZAR		Address 1481 WAMPANOAG TRAIL			
Address		City EAST PROVIDENCE	Zip 02915-		

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



* 1 1 5 2 2 4 *

* 15224-DLLC9/17/0212:09:50 PM*
 Filing Date 9-23-02
 Check No. 704
 By: [Signature]
 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] 9/19/02
 Signature of Authorized Person Date
[Signature]
 Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 115224

Annual Report for the year 2001

1. The name of the limited liability company is:

EDC Pizza, LLC

2. The address of the principal office of the limited liability company is:

15 Sylvia Lane, Lincoln, RI 02865

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: DAVID N. BAZAR

1481 WAMPANOAG TRAIL EAST PROVIDENCE RI 02915-

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 15 Sylvia Lane, Lincoln, RI 02865

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: operate and manage a restaurant

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Ed DaCruz

15 Sylvia Lane, Lincoln, RI 02865

Dated

9/3/01

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.



1 1 5 2 2 4

EDC Pizza, LLC.

Exact Name of Limited Liability Company

By

Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

9-10-01

Check No.:

449

By:

[Signature]