



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 106956		2. Exact name of the limited liability company EAST PROVIDENCE HOUSE OF PIZZA, 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 187 WILLETT AVENUE		City RIVERSIDE	State RI
		Zip 02915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name EVANGELOS LAMBROU		Contact Title MANAGER	
Street Address 79 GREENLAND ROAD		City RUMFORD	State RI
		Zip 02916	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT ( ) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT R.I.G.L. 7-16-12 (4) (2) / 7-16-52			
Manager Name EVANGELOS LAMBROU		Manager Name NONE	
Street Address 79 GREENLAND ROAD		Street Address	
City RUMFORD	State RI	City	State
Zip 02916		Zip	
Manager Name NONE		Manager Name NONE	
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 MILTON S. SLEPKOW, ESQ.		Address	
Address 1481 WAMPANOAG TRAIL		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.



File Date 11/1/05	106956
Check No. 846	
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* 10-31-05  
Signature of Authorized Person Date

EVANGELOS LAMBROU, Manager  
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 02903-1333  
401.222.304

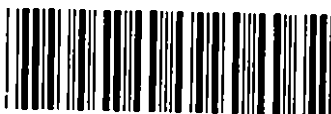
# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 106956		2. Exact name of the limited liability company EAST PROVIDENCE HOUSE OF PIZZA, 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 187 Willett Avenue		City East Providence	State RI
			Zip 02915
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Evangelos Lambrou		Contact Title Manager	
Street Address 79 Greenland Road		City Rumford	State RI
			Zip 02916
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 Evangelos Lambrou		Manager Name None	
Street Address 79 Greenland Road		Street Address	
City Rumford	State RI	City	State
	Zip 02916		Zip
Manager Name None		Manager Name None	
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 MILTON S. SLEPKOW, ESQ.		Address	
Address 1481 WAMPANOAG TRAIL		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.



\* 1 0 6 9 5 6 \*

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 10-7-4  
Signature of Authorized Person Date

Evangelos Lambrou

Print or Type Name of Authorized Person

File Date	11/1/04
Check No.	479
By:	DA
FOR SECRETARY OF STATE USE ONLY	



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  
401.222.3046

# 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 106956		2. Exact name of the limited liability company EAST PROVIDENCE HOUSE OF PIZZA, 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 187 Willett Avenue		City East Providence	State RI	Zip 02915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Evangelos Lambrou			Contact Title Manager		
Street Address 187 Willett Avenue		City East Providence	State RI	Zip 02915	
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 Evangelos Lambrou			Manager Name None		
Street Address 79 Greenland Road		Street Address			
City Rumford	State RI	Zip 02916	City	State	Zip
Manager Name None			Manager Name None		
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 MILTON S. SLEPKOW, ESQ.			Address		
Address 1481 WAMPANOAG TRAIL		City EAST PROVIDENCE	Zip 02915		

RECEIVED STATE  
SECRETARY OF STATE  
DEC 12 11 54 AM '03

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



FILED

File Date

Check No. DEC 12 2003

By: By mulo57

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 10-7-03  
Signature of Authorized Person Date

Evangelos Lambrou, Manager

Print or Type Name of Authorized Person



# 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. 106956		2. Exact name of the limited liability company EAST PROVIDENCE HOUSE OF PIZZA, 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 187 Willett Avenue		City East Providence	State RI	Zip 02915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Panagiotis Lambrou			Contact Title Manager		
Street Address 101 Blacksmith Road		City Seekonk	State MA	Zip 02771	
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 Panagiotis Lambrou		• Manager Name None			
Street Address 101 Blacksmith Road		• Street Address			
City Seekonk	State MA	Zip 02771	City	State	Zip
Manager Name None		• Manager Name None			
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 MILTON S. SLEPKOW, ESQ.		Address			
Address 1481 WAMPANOAG TRAIL		City EAST PROVIDENCE	Zip 02915		

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



\* 1 0 6 9 5 6 \*

File Date	10-25-02
Check No.	1248
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.

01-3-02  
Signature of Authorized Person Date

Panagiotis Lambrou, Manager

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 **DLIC 106956**

Annual Report for the year **2001**

1. The name of the limited liability company is:

EAST PROVIDENCE HOUSE OF PIZZA, LLC

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

187 Willett Avenue, East Providence, RI 02915

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: MILTON S. SLEPKOW, ESQ.

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: Panagiotis Lambrou, Manager

187 Willett Avenue, East Providence, RI 02915

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Pizza Restaurant

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

Name  
Panagiotis Lambrou

Address  
101 Blacksmith Road, Seekonk, MA 02771

Dated 9-28-2001



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.

EAST PROVIDENCE HOUSE OF PIZZA, LLC

Exact Name of Limited Liability Company

By Panagiotis Lambrou

Panagiotis Lambrou, Manager

Title

Form No. 632  
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: 10-5-01

Check No.: 1171

By: ec

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at (401) 222-3040, or from our web site at [www.state.ri.us](http://www.state.ri.us)

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 DLIC 106956

Annual Report for the year 2000

1. The name of the limited liability company is:

EAST PROVIDENCE HOUSE OF PIZZA, LLC

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

187 WILLETT AVENUE, EAST PROVIDENCE, RI 02915

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: MILTON S. SLEPKOW, ESQ.

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: 187 WILLETT AVENUE, EAST PROVIDENCE, RI 02915

Panagiotis Lambrou, Manager

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: PIZZA RESTAURANT

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

PANAGIOTIS LAMBROU

101 BLACKSMITH ROAD, SEEKONK, MA 02771

Dated SEPTEMBER 16 2000



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.

EAST PROVIDENCE HOUSE OF PIZZA, LLC

*Exact Name of Limited Liability Company*

By Panagiotis Lambrou  
PANAGIOTIS LAMBROU, Manager

Tide

FOR SECRETARY OF STATE USE ONLY

File Date: 9/27

Check No.: 12663

By: 20

Form No. 632  
Revised 01/99