

## 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

(FORM MUST BE TYPED OR		,	riung ree: 3	.,00.00			•			
1. ID No. 2	2. Exact name of t	be limited liabili	ly company					-		<del></del> -
106956 E	AST PROVIDE	ENCE HOUSI	OF PIZZA. I	_LC						
3. State of Formation	4. Brief a	lescription of the	character of the	business urbic	ch is actu	ally conducted in Rhode Is	land			
RHODE ISLAND	PIZZA	RESTAURA	NT							
5. Principal office address			<del>-</del>		City		State		Zip	
187 WILLETT	AVENUE		,	;	1	RIVERSIDE		RI		02915
6. MAILING ADDRESS	OF LIMITED	LIABILITY,	COMPANY	ND NAME	OŘ TIT	LE OF CONTACT PE	RSON .		(6.13.2) 3.33.31	
Contact Name					Contact					
EVANGELOS LA	AMBROU					MANAGER				•
Street Address			·		City		State		Zip	<del></del>
79 GREENLANI						RUMFORD		RI		02916
7 NAME AND ADDRE	SS OF EACH	MANAGERIC	E-THE-LIMI	TED LIARI		OMPANYCIE APPLIC			18 TO	ZITORKAY!
7 NAME AND ADDRE	AND ELLA	IN SPACES	BEFORE US	ING ATTAC	HMEN	S (XX. BOX FOR	ATTACHMEN		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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Manager Name EVANGELOS LA	MRPOII		•		: Manage :	r Name				•
	HIDROU	<u> </u>			<u> </u>	NONE				
Sinci Address 79 GREENLANI	O ROAD				Street Address					
City RUMFORD	State	ŔI	Zψ	02916	City		State		Zip	
Manager Name			1	••••••	Manage	r Name		• • • • • • • • • • • • • • • • • • • •	J	• • • • • • • • • • • • • • • • • • • •
NONE		÷			NONE					
Street Address	-		•		: Sircei Address					
City:	State		Zψ		City		State	•	Z.ip	
								·	<u> </u>	
8. RESIDENT AGENT	N RHODE IS	AND, DO	OT ALTER	Changes	requir	filling of Form 64	R.I.G.127	16 11		DE SE
Agent Name					Address					•
MILTON C CLEDYON F	00									
MILTON'S SLEPKOW, E	<b>5</b> 4	-		•	City .	City				
1481 WAMPANOAG TRA	IL	•	<u>.</u> .		EAST F	ROVIDENCE		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.

Standard of Authorized Person

Date 16-51-0

EVANGELOS LAMBROU, Manager



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

Matthew A. Brown, Secretary of State

Corporations Divisio 100 North Main Stree Providence, Kl 02903-133 401.222.304

Filing Period: Septen (FORM MUST BE TYPED		November 1 •	ANY ANNUAL Filing Fee: \$50.00	REPORT FOR THE	E YEAR	≀ <u> </u>	2004	
1. ID No. 106956	2. Exact	ST PROVIDENCE HOUSE OF PIZZA, LLC						
3. State of Formation RHODE ISLAND		4. Brief description of the PIZZA RESTAURA	e character of the Inistriess wh	bich is actually conducted in Rhode Islan	nd			
6. MAILING ADDRES	S OF LI	t Avenue IMITED LIABILITY	COMPANY AND NAME	City  East Providence  OR TITLE OF CONTACT PERS  Contact Title  Manager	State SON:	RI	21p 02915	
79 Greenland Road 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIAB FILL IN SPACES BEFORE USING ATTA ANY MODIFICATIONS TO MANAGERS REQUIRES FIT Manager Name			City Rumford ILITY COMPANY, IF APPLICAT	<u> </u>	7) [] a) (2) / 7-1(	2φ 02916 6-52		
Street Address 79 Gre		ambrou ad Road		None Street Address				
City Rumfor	ď	State RI	<sup>г.ф</sup> 02916	City	State		Zip	
Manager Name None			J	Manager Name None				
Street Address				Street Address	<del></del>			
City		State	Zip	City	State		Zip	
MILTON S. SLEPKOW,		DE ISLAND - DO N	OT ALTER - Changes	: require filing of Form 642 - 1 Address	 R.I.G.L. 7-1	6-11		
1481 WAMPANOAG TRAIL			City Zip EAST PROVIDENCE 02915					

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

Ω.		

File Date _	11/1/04	
Check No	479	_
Ву:	D A	_
FO	R 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.

Even glas Landon 10-7-9
Signature of Authorized Person Date

Evangelos Lambrou



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

401.222.3046

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("" BOX FOR ATTACHMENT)  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L., 7-16-12 (a) (2) / 7-16-52  Manager Name Evange los Lambrou  Street Address 79 Greenland Road  City Rumford RI  O2916  Manager Name None  Street Address  Street Address  Street Address  Street Address  City State  Zup City State  Zup City State  Zup City State  Address  MILTON S. SLEPKOW, ESQ.  Address  1481 WAMPANOAG TRAIL  EAST PROVIDENCE  O2915  Turn State  City EAST PROVIDENCE  O2915	1. ID No	ED OR PRINTED IN BIAG			<del></del>			
RHODE ISLAND  PIZZA RESTAURANT  5. Principal office address 187 Willett Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Conuact Title Manager  Strew Address 187 Willett Avenue 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE 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 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 (a) (2) / 7-16-52  Manager Name Evangelos Lambrou  None  Street Address 79 Greenland Road  City Ruaford RI  O2916  Manager Name None  None  Street Address  Stree	106956			LC				
5 Principal office address 187 Willett Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Evangelos Lambrou  Strevi Address 187 Willett Avenue 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 (a) (2) / 7-16-52  Manager Name Evangelos Lambrou  Mone Strevi Address 79 Greenland Road  City Ruaford RI  O2916  Manager Name None  Manager Name None  Strevi Address  Address  Address  City  East Providence  RI  02915  O2915	3. State of Formation	4. Brief desc	ripiton of the character of the busin	iess which is actually conducted in Rhode I	sland			
187 Willett Avenue  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Title Manager  Strev Address  187 Willett Avenue  Strev Address  187 Willett Avenue  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE ANY MODIFICATIONS TO MANAGERS REQUIRES FILLING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52  Manager Name Evangelos Lambrou  Manager Name Evangelos Lambrou  Strev Address  79 Greenland Road  City Ruaford RI  02916  Alanager Name None  Strev Address  Address  Address  Address  Strev Address  Address  Address  Address  Strev Address  Strev Address  Strev Address  Strev Address  Strev Address  Address  Address  Strev Address  Strev Address  Strev Address  Strev Address  Strev Address  Address  Address  Strev Address  Strev Address  Strev Address  Address  Address  Strev Address  Strev Address  Strev Address  Strev Address  Strev Address  Address  Strev Addres	RHODE ISLAND	PIZZA R	ESTAURANT					
187 Willett Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Title Evangelos Lambrou  Strevt Address  187 Willett Avenue 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 AMEADMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52  Manager Name  Evangelos Lambrou  None  Strevt Address  79 Greenland Road  City Ruaford RI  O2916  Manager Name Nane  Nane  Alanager Name Nane  Nane  Strevt Address  Strevt Address  Strevt Address  Strevt Address  City State  Zup  Address  Address  Miltons. SLEPKOW, ESQ.  Address  Address  City EAST PROVIDENCE  Zup  O2915  True  Zup  Zup  Zup  Zup  Zup  Zup  Zup  Z				City	State	7/0		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Evange los Lambrou  Strevt Address  187 Willett Avenue 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 (a) (2) / 7-16-52  Manager Name Evange los Lambrou  Street Address  79 Greenland Road  City Ruaford RI  O2916  Manager Name None  Street Address  City State  Adatager Name None  None  Street Address  Street Address  Street Address  City State  City State  City State  Address  City State  City State  Address  City State  Address  City State  City State  City State  Address  City State  City State  Address  Address  City Address  City Address  Address  City East PROVIDENCE  Zip City Address  City East PROVIDENCE  City City State  City Address  City East PROVIDENCE  City City City City City City City Cit	187 Willet	t Avenue		1 '		1 '		
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Street Address  187 Willett Avenue  187 Willett Avenue  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 (a) (2) / 7-16-52  Manager Name Evange los Lambrou  None  Street Address  79 Greenland Road  City Ruaford RI  02916  Manager Name None  None  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  City State  Zap City State  None  Street Address  City State  Zap City State  City State  Zap City State  Address  City State  Zap City State  Zap City State  Zap Address  City State  Zap Address  City State  Zap Address  MILTON S. SLEPKOW, ESQ.  Address  481 WAMPANOAG TRAIL  EAST PROVIDENCE	Evangelos	Lambrou		•				
187 Willett Avenue  East Providence RI  0291  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 (a) (2) / 7-16-52  Manager Name Evangelos Lambrou  Street Address 79 Greenland Road  City Ru State None  Manager Name None  Street Address  Street Address  Street Address  Street Address  City State Zup Address MILTON S. SLEPKOW, ESQ.  Address  1481 WAMPANOAG TRAIL  EAST PROVIDENCE  RI 0291  ANY MODIFICATION COMPANY, IF APPLICABLE RI 0291  ANY MODIFICATION COMPANY, IF APPLICABLE RI 0291  O291  All Manager Name None Street Address  City EAST PROVIDENCE  RI 0291  O291  O291  O291  O291  O291  O291  O2915  O2915					Service Control of the Control of th	·· - 1·		
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52  Manager Name  Evangelos Lambrou  Sired Address  79 Greenland Road  City  Ruaford  Minager Name Name Name Name Name Name Name Name				East Providence	RI	02915		
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52  Manager Name  Evangelos Lambrou  Sired Address  79 Greenland Road  City  Ruaford  Minager Name Name Name Name Name Name Name Name	7. NAME AND AD	DRESS OF EACH MA	NAGER OF THE LIMITED	LIABILITY COMPANY, IF APPLIC	CABLE	I		
Manager Name Evangelos Lambrou  Street Address 79 Greenland Road  City Ruaford  Manager Name None  Street Address  The Add		FILL IN	SPACES BEFORE USING A	ATTACHMENTS ("Y" ROY FOR	ATTACHAGENTY D			
Evangelos Lambrou  Street Address 79 Greenland Road  City Rumaford RI  O2916  Manager Name None  Street Address  Street Address  Address  Street Address  City State Zip City State City	^	NY MODIFICATIONS	S TO MANAGERS REQUIRE	S FILING OF AMENDMENT, R.I.	G.L. 7-16-12 (a) (2	) / 7-16-52		
Street Address 79 Greenland Road  City Ruraford RI  O2916  Manager Name None Street Address  City State Zup  Address  Street Address  City State Zup  City State Zup  City State  City State Zup  Zup  Zup  Zup  Zup  Zup  Zup  Zup	Managar Nama			· · · · · ·				
Street Address  79 Greenland Road  City Ruraford RI  O2916  Manager Name Name Name None  Street Address  City  State  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	Evangelos	Lambrou		None				
Ty Greenland Road  City Ruraford RI  O2916  Manager Name None  Street Address  City  State  Zip  Address  City  State  Zip  City  EAST PROVIDENCE  Zip  City  EAST PROVIDENCE								
Rumford RI 02916  Manager Name N3ne Street Address  Street Address  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 Milton S. Slepkow, ESQ.  Address  City: EAST PROVIDENCE  City: State  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	79 Greenla	and Road						
Manager Name None Street Address  City State Zip City State Zip City State Zip City State Street Address  City  State  City  State  City  Agent Name Address  MILTON S. SLEPKOW, ESQ.  Address  City  EAST PROVIDENCE  Alanger Name  City  EAST PROVIDENCE  Description  The Address  City  EAST PROVIDENCE  Description  The Address  The City  EAST PROVIDENCE  Description  The City  EAST PROVIDENCE  Description  The City  EAST PROVIDENCE  Description  The City	•	State	ZΨ	: Clly:	State	70		
None  Street Address  Street Address  City State Zip City State  8. 'RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.1.G.L. 7-16-11  Agent Name  MILTON S. SLEPKOW, ESQ.  Address  1481 WAMPANOAG TRAIL  Address  City State  Zip C	Rumford	RI	02916			2.11°		
None  Street Address  City:  State  Zip  City:  State  Zip  City:  State  Zip  State  Zip  Address  MILTON S. SLEPKOW, ESQ.  Address  City:  Address  City:  Address  City:  Address  City:  Address  City:  Address  City:  EAST PROVIDENCE  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi			•	· Manager Name				
Street Address  State  Zip  City:  State  Zip  State  Zip  Mill TON S. SLEPKOW, ESQ.  Address  City:  City:  City:  Address  City:  Address  City:  Address  City:  Address  City:  Address  City:  EAST PROVIDENCE  Zip  O2915				None				
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  1481 WAMPANOAG TRAIL  City  EAST PROVIDENCE  Zip  02915	Street Address							
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  1481 WAMPANOAG TRAIL  City  EAST PROVIDENCE  Zip  02915								
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11  Agent Name  Address  MILTON S. SLEPKOW, ESQ.  Address  1481 WAMPANOAG TRAIL  Cly  EAST PROVIDENCE  Zip  02915	City	State	Zφ	City	State	7/h . 0		
MILTON S. SLEPKOW, ESQ.  Address  1481 WAMPANOAG TRAIL  Address  EAST PROVIDENCE  210 02915						1 212		
MILTON S. SLEPKOW, ESQ.  Address  1481 WAMPANOAG TRAIL  Address  EAST PROVIDENCE  210 02915	8. RESIDENT AGE	NT IN RHODE ISLAN	ID - DO NOT ALTER - Char	nges require filing of Form 642	2 - R.I.G.L. 7-16-11			
Address 1481 WAMPANOAG TRAIL  Cuy EAST PROVIDENCE  210 02915	Agent Name							
1481 WAMPANOAG TRAIL  EAST PROVIDENCE  20 02915  02915	MILTON S. SLEPKO	W, ESQ.						
EAST PROVIDENCE 02915 2 7 CF		TPAII		1 /	Zip	10 200		
				EAST PROVIDENCE		2915		
					<del></del>	7 2 8		

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

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File Date FILED
Check No
By WYOSY
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, Manager



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

#### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

1. ID No. 106956	1							
106956		Exact name of the limited liabilty company						
	JEAST PROVIDENCE HO	DUSE OF PIZZA, LL	.C					
3. State of Formation	4. Brief description	on of the character of the	he business which is actually conducted in	Rhode Island				
RHODE ISLAND	PIZZA RESTAI	JRANT						
5. Principal office addre	:55		City	State	Zip			
187 Willett	Avenue		East Providence	e RI	02915			
6. MAILING ADDI	RESS OF LIMITED L	IABILITY COMP	ANY AND NAME OR TITLE O	F CONTACT PERS	SON:			
Contact Name			Contact Title					
Panagiotis	Lambrou		Manager					
Street Address			City	State	Zip			
101 Blacksm	ith Road		Seekonk	MA	02771			
! •	FILL IN SPACE	CES BEFORE USIN	IMITED LIABILITY COMPAN G ATTACHMENTS ("X" BOX FO UIRES FILING OF AMENDMENT. R.I	OR ATTACHMENT				
Manager Name			*Manager Name	• Manager Name				
Panagiotis	Lambrou		None	· Street Address				
Street Address			* Street Address					
101 Blacksm	ith Road		•					
City	State	Zip	*City	State	Zip			
Seekonk	MA	027	71					
Manager Name		• • • • • • • • •	*Manager Name	• • • • • • • • • •				
None			None					
Street Address		•	*Street Address	· <u>-</u> .				
<u> </u>		a processes comes of		er en	Service Control of the Control of th			
City	State . F	Zip	.City	State	Zip,			
8. RESIDENT AGEN	T IN RHODE ISLAND	-DO NOT ALTER- C	hanges require filing of For	m 642 · R.I.G.L. 7-1	6-11			
Agent Name			Address	<del></del>	<u> </u>			
MILTON S. SLEPKOW,	ESQ.							
Address			City	Zip	· · · · · · · · · · · · · · · · · · ·			
1481 WAMPANOAG TE	2ΔΙΙ		EAST PROVIDENCE	ł	2915			

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



	10 as	-03
File Date	<u> </u>	
Check No.	1248	
By:	Ce	
FOR SECRETA	ARY 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.

Panagiotis Lambrou, Manager



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

· 1

#### LIMITED LIABILITY COMPANY

ID Number DLLC 1069:	56	69	10	: 1	LC	DL	Number	ID
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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  Address					
	Panagiotis Lambrou 101 Blacksmith Road, Seekonk, MA 02771					
Da	uted 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					
	1 D 6 9 5 6 Exact Name of Limited Liability Company					
	FOR SECRETARY OF STATE USE ONLY Date: 10-5-01  By Downello 119 Combuon					
Che	Panagiotis Lambrou, Manager  Title					
By:	Form No. 632					

Filing Fee: \$50.00

### To be filed annually between September 1 and November 1

Revised 01/99



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

By:

Annual Report for the year 2000

1.	The name of the limited liability company is:	
	EAST PROVIDENCE HOUSE OF PI	ZZA, 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	he 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 lin	nited liability company and the name or title of a person to whom communications
ę	-	LLETT 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 ma	nagers, the name and address of each manager of the limited liability company  Address
	PANAGIOTIS LAMBROU	101 BLACKSMITH ROAD, SEEKONK, MA 02771
	<b>^</b>	·
Da	ted SEPTEMBER 2000	Under penalty of perjury, I declare and affirm that I have examined this
MA INSIA ARIAR RIJIR IRIBA BIJIR AKI		report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
	1 0 6 9 5 6	EAST PROVIDENCE HOUSE OF PIZZA, LLC
		Exact Name of Limited Liability Company
File	FOR SECRETARY OF STATE USE ONLY Date: 9/27	By Paris 1575 (omb ce) PANAGIOTIS LAMBROU, Manager
Che	ck No.: 12 (463	Tite
	,	Form No. 632