



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
Limited Liability Company

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

| | | | | |
|---|--|---|-------------------------|---------------------|
| 1. Entity ID Number 000106956 | | 2. Exact name of the Limited Liability Company EAST Providence House of PIZZA LLC | | |
| 3. NAICS Code 722511 | | 4. Brief description of the character of business conducted in Rhode Island Food and RESTAURANT | | |
| 5. State of Formation RI | | | | |
| 6. Principal Office Address 187 WILLET AVENUE | | City Providence | State RI | Zip 02915 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name EVANGELOS LAMBROU | | Contact Title member | | |
| Street Address 187 WILLET AVENUE | | City Providence | State RI | Zip 02915 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | |
| 9. 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. | | | | |
| Name of Authorized Person WILLIAM J. DeLamy 200. Agent | | | Date 7/8/2024 | |
| Signature of Authorized Person <i>William J DeLamy</i> | | | | |

FILED

JUL 08 2024

BY R. SWZEK

AA.

MAIL TO:
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