S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	reet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000558138</u>	3		
2. Exact Name of the Li	mited Liability Company <u>SURFSI</u>	DE THAI FOOD LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
0	Code that best describes the primary e information on <u>NAICS</u> can be found		/. Download
722511			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rho	de Island
72 SEAT RESTAURAN	<u>T</u>		
5. Principal Office Addre	SS		
No. and Street: <u>334 NARROW LANE</u>			
City or Town: <u>CH</u>	ARLESTOWN State:	<u>RI</u> Zip: <u>02813</u> Country	y: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Name	or Title of Contact Person:	
	ONKLIN Contact Title: MANAGER		
	ARLESTOWN State:	<u>RI</u> Zip: <u>02813</u> Countr	y: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	ode, Country
MANAGER	TODD BYRON CONKLIN	334 NARROW LAN CHARLESTOWN, RI 02813	
MANAGER	NINA KAWSRIKASAM CONKLIN	334 NARROW LANE	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

TODD CONKLIN 334 NARROW LANE CHARLESTOWN, RI 02813

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 31 Day of October, 2017 at 6:17:49 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>TODD CONKLIN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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