State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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2018 OCT 31 PM 12:36

Annual Report for the year: 2018
Limited Liability Company

→ Filing period September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1 Entity ID Number	2 Exact name of the Limited Liability Company		
1675022	**Khaosan, LLC**		
3 NAICS Code **722513**	4 Brief description of the character of business conducted in Rhode Island **Restaurant**		
5. State of Formation **Rhode Island**			
6 Principal Office Address **332 Warren Avenue**	City **East Providence**	State **RI**	Zip **02914**
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name **Wilaiporn Binhasan Pappas**	Contact Title **Member**		
Street Address **1890 Broad Street, Apt 220**	City **Cranston**	State **RI**	Zip **02905**
8 List **ALL** managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - **DO NOT LIST MEMBERS**			
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
Check the box to indicate an attachment ☐			
9 Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642			
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 **Wilaiporn Binhasan Pappas, Member**	Date 10/25/18		
Signature of Authorized Person SIGN THIS DOCUMENT HERE			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
OCT 31 2018
BY

FORM 632 - Revised: 08/2017