State of Rhode Island and Pro Department of State -	vidence Pla Busines	ntations ss Services Division
Annual Report for the year:	2018	í

Street Address

City

Zip

State

Annual Report for the Limited Liability Com  → Filing period: Septemb  → Filing Fee: \$50.00  → Penalty: Additional \$25.	pany er 1 - Novemb	per 1	December 1.	_	RECEIVED START OF START OF START OF START ON S DI	
1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
124224	THAMES S	THAMES STREET THAI CUISINE LLC				
3. NAICS Code		Brief description of the character of business conducted in Rhode Island     FULL SREVICE RESTAURANT				
5. State of Formation RI						
6. Principal Office Address			City	State	Zip	
517 THAMES ST			NEWPORT	RI	02840	
7. Mailing Address of Limited	Liability Compa	ny and Name o	r Title of Contact Person			
Contact Name CHAIRUCH PICHETSHOTE			Contact Title MANAGER	Contact Title MANAGER		
Street Address 517 THAMES ST APT#3		City NEWPORT	State RI	Zip 02840		
8. List ALL managers (names	and addresses	) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name		Manager Name	Manager Name			
Street Address		Street Address	Street Address			
City	State	Zip	City	State	Zip	
Manager Name	1		Manager Name		···	

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 ha statements, and that all statements contained herein	ive examined this report, including any accompanying schedules and are true and correct.					
Name of Authorized Person	Date					
CHAIRUCH PICHETSHOTE	12/28/2018					

Street Address

City

Signature of Authorized Peri

SIGN 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

State