RI SOS Filing Number: 202454781940 Date: 5/23/2024 4:00:00 PM



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	2. Exact name of the Limited Liability Company			
1691812	NITAYA EAKAPON LLC 4. Brief description of the character of business conducted in Rhode Island RESTAURANT			
3. NAICS Code 722511				
5. State of Formation RHODE ISLAND				
6. Principal Office Address		City	State	Zip
249 MAIN STREET		WAKEFIELD	RI	02879
7. Mailing Address of Limite	d Liability Company and Name or 1	Title of Contact Person	· · · · · · · · · · · · · · · · · · ·	
Contact Name WONGPHARAJAN PHOTHISEN		Contact Title PRESIDENT		
Street Address 249 MAIN STREET		City WAKEFIELD	State RI	^{Z_{ip}} 02879
8. The Resident Agent infor	mation currently of record with the	RI Department of State is accura	ate. Changes requir	e filing Form 642
9. Under penalty of perjur	y, I declare and affirm that I have latements contained herein are to	examined this report, includi		
Name of Authorized Person			Date	
WONGPHARAJAN PHOTHISEN			05212024	
Signature of Authorized Per	son			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 23 2024 BY 1()()2 2024