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## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 202

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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Entity ID Number	2. Exact name of the Limited Liability Company,				
001718844	(tho zaf zal				
3 NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
722511	A Thoi, 200, and Vietnamese restuarant				
5 State of Formation	1 + 1/2 + +				
(4)	Dime in and take out				
6. Principal Office Address		City	State	Zip	
389 SMIT	Mst.	Providence	Ri	02908	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Aloun Pathammarong		awner			
Street Address		City	State	102908	
389 SMITL	151,	Kovidencie	K	10400	
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			Date /	1 0 -	
Aloun Pathammajong		1/171	2025		
Signature of Authorized Person					
Ta Ta					

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JAN 17 2025

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 9KJVI FORM 632 - Revised 12/2023