



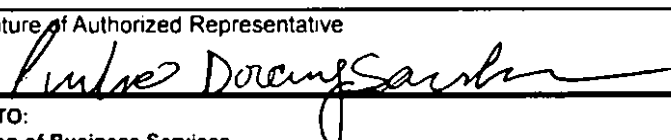
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 31 2025
BY 1367

1. Entity ID Number 000104507			2. Exact name of the Corporation DOUANGSAVANH, INC.		
3. Principal Office Address 444 WELLINGTON AVENUE				City CRANSTON	State RI
				Zip 02910	
4. NAICS Code 311999		6. Brief description of the character of business conducted in Rhode Island MEAT PROCESSING, SAUSAGE FOR WHOLESALE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PINHKEO DOUANGSAVANH			Vice-President Name NOUPHEAUK DOUANGSAVAN		
Street Address 444 WELLINGTON AVENUE			Street Address 444 WELLINGTON AVENUESAME		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Secretary Name NOUPHEAUK DOUANGSAVANH			Treasurer Name PINHKEO DOUANGSAVANH		
Street Address 444 WELLINGTON AVENUE			Street Address 444 WELLINGTON AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PINHKEO DOUANGSAVANH			Director Name NOUPHEAUK DOUANGSAVANH		
Street Address 444 WELLINGTON AVENUE			Street Address 444 WELLINGTON AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			500	STK	0.000
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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 Representative PINHKEO DOUANGSAVANH, PRESIDENT					Date 3/14/25
Signature of Authorized Representative 					

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