



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. ID No. 001745904

2. Exact Name of the Limited Liability Company OM GANAPATHI LLC

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

722511

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

MEHFIL INDIAN CUISINE, A VIBRANT INDIAN RESTAURANT NESTLED IN THE HEART OF RHODE ISLAND. STEP INTO OUR INVITING SPACE AND EMBARK ON A CULINARY JOURNEY TO INDIA'S RICH FLAVORS AND TRADITIONS. OUR MENU SHOWCASES A DELECTABLE ARRAY OF AUTHENTIC INDIAN DISHES, METICULOUSLY PREPARED BY OUR SKILLED CHEFS USING THE FINEST INGREDIENTS AND TRADITIONAL TECHNIQUES. FROM AROMATIC BIRYANIS TO SIZZLING TANDOORI DELIGHTS, EACH BITE TRANSPORTS YOU TO THE STREETS OF INDIA. IMMERSE YOURSELF IN THE WARM AMBIANCE AS OUR FRIENDLY STAFF PROVIDES EXCEPTIONAL SERVICE, ENSURING A MEMORABLE

DINING

EXPERIENCE. INDULGE IN THE EXOTIC SPICES AND VIBRANT COLORS OF INDIA
AT
MEHFIL INDIAN CUISINE.

5. Principal Office Address

No. and Street: 828 DIAMOND HILL RD
City or Town: WOONSOCKET State: RI Zip: 02895 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: SATYAPAL SALLA Contact Title: OWNER
No. and Street: 15 BUCKS CROSSING
City or Town: CROMWELL State: CT Zip: 06416 Country: US

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

SATYAPAL SALLA 828 DIAMOND HILL RD WUNSOCKET , RI 02895

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 18 Day of April, 2025 at 11:29:47 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By SATYAPAL SALLA
Signature of Authorized Person

Form No. 632
Revised 09/07

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