



State of Rhode Island

Department of State - Business Services Division

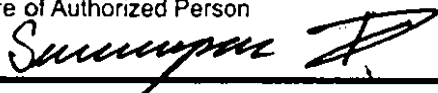
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 MAY 16 AM 10:12:07
Annual Report for the year: 2025

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 001675022		2. Exact name of the Limited Liability Company Khaosan, LLC	
3. NAICS Code 722513		4. Brief description of the character of business conducted in Rhode Island Restaurant	
5. State of Formation Rhode Island			
6. Principal Office Address 332 Warren Avenue		City East Providence	State RI
		Zip 02914	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Sureepan Duperre		Contact Title Member	
Street Address 332 Warren Avenue		City East Providence	State RI
		Zip 02914	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person Sureepan Duperre, Member		Date 3/28/25	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov
 FILED
 MAY 16 2025
 BY **24776**
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