



State of Rhode Island

## Department of State - Business Services Division

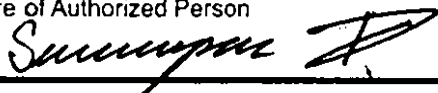
REC'D RIDOS BSD  
25 MAY 16 AM 10:12:07Annual Report for the year: 2025

## 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<br><b>001675022</b>                                                                                                                                                                     |  | 2. Exact name of the Limited Liability Company<br><b>Khaosan, LLC</b>                            |                    |
| 3. NAICS Code<br><b>722513</b>                                                                                                                                                                              |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Restaurant</b> |                    |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |  |                                                                                                  |                    |
| 6. Principal Office Address<br><b>332 Warren Avenue</b>                                                                                                                                                     |  | City<br><b>East Providence</b>                                                                   | State<br><b>RI</b> |
|                                                                                                                                                                                                             |  | Zip<br><b>02914</b>                                                                              |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                                  |                    |
| Contact Name<br><b>Sureepan Duperre</b>                                                                                                                                                                     |  | Contact Title<br><b>Member</b>                                                                   |                    |
| Street Address<br><b>332 Warren Avenue</b>                                                                                                                                                                  |  | City<br><b>East Providence</b>                                                                   | State<br><b>RI</b> |
|                                                                                                                                                                                                             |  | Zip<br><b>02914</b>                                                                              |                    |
| 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<br><b>Sureepan Duperre, Member</b>                                                                                                                                                |  | Date<br><b>3/28/25</b>                                                                           |                    |
| Signature of Authorized Person<br>                                                                                       |  |                                                                                                  |                    |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)FILED  
MAY 16 2025  
BY **24776**  
**EG**