RI SOS Filing Number: 202578411990 Date: 9/23/2025 4:00:00 PM



## State of Rhode Island Department of State - Business Services Division

Annual Report for the year:
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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
001751326	MAHAHENG We				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
722511					
5. State of Formation	Full service Rotaurant				
RI					
6. Principal Office Address	<del></del>	City	State	Zip	
165 Angell st.	Providence		RZ	02906	
7. Mailing Address of Limited Lis	bility Company and Name or Title	of Contact Person			
Contact Name		Contact Title			
ANOCE LIM		OWNER.			
Street Address		City	State	Zip	
56 COURTLAND ST	<del>. 43</del>	Providence	RU	02909	
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		
Angi im		9123/25			
Signature of Authorized Person					

FILED

SEP 2 3 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