



State of Rhode Island  
Department of State - Business Services Division

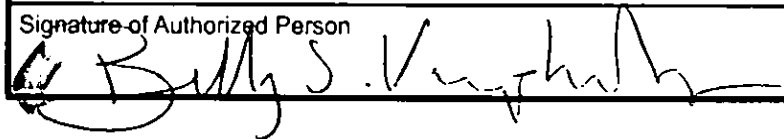
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Annual Report for the year: 2025  
Limited Liability Company

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

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
FOR SECRETARY OF STATE  
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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>001747228</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>Samane Enterprise LLC</b>                                |                    |
| 3. NAICS Code<br><b>722511</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Full Service Restaurant</b> |                    |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                            |  |                                                                                                               |                    |
| 6. Principal Office Address<br><b>98 Pascoag Main St</b>                                                                                                                                                |  | City<br><b>Pascoag</b>                                                                                        | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02859</b>                                                                                           |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                               |                    |
| Contact Name<br><b>Bill S Vongphakdy</b>                                                                                                                                                                |  | Contact Title<br><b>Member</b>                                                                                |                    |
| Street Address<br><b>98 Pascoag Main St</b>                                                                                                                                                             |  | City<br><b>Pascoag</b>                                                                                        | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02859</b>                                                                                           |                    |
| 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<br><b>Bill S Vongphakdy</b>                                                                                                                                                   |  | Date<br><b>10/15/2025</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)

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OCT 22 2025

BY KV K3BNALC

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FORM 632 - Revised: 12/2023