



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000143448		2. Exact name of the Corporation Himalayan Group, Inc		
3. Principal office address 23A Wickenden Street		City Providence	State RI	Zip 02903
4. Business Phone No. (401) 751-2477		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Food Establishment				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name SUSHILA SHARMA		Vice-President Name		
Street Address 152 5th St.		Street Address		
City Providence	State RI	Zip 02906	City	State RI
Secretary Name		Treasurer Name DM P. DEVKOTA		
Street Address		Street Address 152 5th St.		
City	State	Zip	City Providence	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name SUSHILA SHARMA		Director Name DM P. DEVKOTA		
Street Address 152 5th St.		Street Address 152 5th St.		
City Prov	State RI	Zip 02906	City Prov	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	CNP	0

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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.

Signature of Authorized Representative

Date

SUSHILA SHARMA
Print or Type Name of Authorized Representative

FILED
JAN 13 2016
RY HCL 2495