



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATION DIV
 2018 JAN - 3 AM 10:29

Annual Report for the year: 2017
Limited Liability Company

- Filing period: September 1 - November 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 1091727		2. Exact name of the Limited Liability Company MOUNT EVEREST INTERPRISES LLC	
3. NAICS Code 444190		4. Brief description of the character of business conducted in Rhode Island RETAIL (ADB- US DOLLAR MART)	
5. State of Formation RI			
6. Principal Office Address 2424 WESTSHORE RD		City WARWICK	State RI
		Zip 02889	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name UTSHAV SHRESTHA		Contact Title OWNER	
Street Address 39 FAIRFIELD AVENUE		City PROVIDENCE	State RI
		Zip 02909	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
City	State	Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
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 URMILA SHRESTHA		Date 10-29-2017	
Signature of Authorized Person 			

FILED

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 03 2018

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