



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 396245		2. Name of Corporation BH Enterprises, Inc.			
3. Street Address Principal Business Office 1370 Mineral Spring Avenue			City North Providence	State RI	Zip 02904
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Convenience Store					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mohammed Hasan			Vice President Name Mohammed Baki		
Street Address 75 Peck Street			Street Address c/o 75 Peck Street		
City North Attleboro	State MA	Zip 02760	City North Attleboro	State MA	Zip 02760
Secretary Name Mohammed Hasan			Treasurer Name Mohammed Baki		
Street Address 75 Peck Street			Street Address c/o 75 Peck Street		
City North Attleboro	State MA	Zip 02760	City North Attleboro	State MA	Zip 02760
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100	Common	No Par Value

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.

FILED

File Date FEB 28 2011

Check No. By mme

By: 1481

FOR SECRETARY OF STATE USE ONLY

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 Mohammed Hasan Date 02/23/11

Print or Type Name
President

Title