



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

 RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 FEB 12 AM 10:17

1. Entity ID Number 1669099		2. Exact name of the Corporation B4 ENTERPRISES INC										
3. Principal Office Address 2699 POST RD		City WARWICK	State RI									
4. NAICS Code 44512		6. Brief description of the character of business conducted in Rhode Island Convenience store										
5. State of Incorporation RI												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name Biddhya Bhandari Acharya		Vice-President Name										
Street Address 16 Saunders Rd		Street Address										
City Norwood	State MA	Zip 02062										
Secretary Name Biddhya Bhandari Acharya		Treasurer Name										
Street Address 16 Saunders Rd		Street Address										
City Norwood	State MA	Zip 02062										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name Biddhya Bhandari Acharya		Director Name										
Street Address 16 Saunders Rd		Street Address										
City Norwood	State MA	Zip 02062										
Director Name Biddhya Bhandari Acharya		Director Name										
Street Address 16 Saunders Rd		Street Address										
City Norwood	State MA	Zip 02062										
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100		0										
Changes require an additional filing.												
11. 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.												
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 Representative Biddhya Bhandari Acharya		Date 02/11/2019										
Signature of Authorized Representative <i>Biddhya Bhandari Acharya</i>		FILED										

MAIL TO:

Division of Business Services

48 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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 FORM 680 Revised: 10/2017