



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 <b>1669099</b>		2. Exact name of the Corporation <b>B4 ENTERPRISES INC</b>	
3. Principal Office Address <b>2699 POST RD</b>		City <b>WARWICK</b>	State <b>RI</b>
		Zip <b>02886</b>	
4. NAICS Code <b>44512</b>	6. Brief description of the character of business conducted in Rhode Island <b>Convenience store</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Biddhya Bhandari Acharya</b>		Vice-President Name	
Street Address <b>16 Saunders Rd</b>		Street Address	
City <b>Norwood</b>	State <b>MA</b>	Zip <b>02062</b>	
Secretary Name <b>Biddhya Bhandari Acharya</b>		Treasurer Name	
Street Address <b>16 Saunders Rd</b>		Street Address	
City <b>Norwood</b>	State <b>MA</b>	Zip <b>02062</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Biddhya Bhandari Acharya</b>		Director Name	
Street Address <b>16 Saunders Rd</b>		Street Address	
City <b>Norwood</b>	State <b>MA</b>	Zip <b>02062</b>	
Director Name <b>Biddhya Bhandari Acharya</b>		Director Name	
Street Address <b>16 Saunders Rd</b>		Street Address	
City <b>Norwood</b>	State <b>MA</b>	Zip <b>02062</b>	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SFR#S
		PAR VALUE	
		<b>100</b>	<b>0</b>
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. <i>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.</i>			
Name of Authorized Representative <b>Biddhya Bhandari Acharya</b>		Date <b>02/11/2019</b>	
Signature of Authorized Representative <i>Biddhya Bhandari Acharya</i>		<b>FILED</b>	

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

**FILED**  
**FEB 12 2019**  
*BY 448KF*  
 FORM 680 Revised: 10/2017