



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2019  
Corporation

FILED

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

MAR 01 2019

BY 4529 DS

1. Entity ID Number 101799		2. Exact name of the Corporation BEST WAY CONVENIENCE STORE			
3. Principal Office Address 1085 TOWER HILL ROAD			City NORTH KINGSTOWN	State RI	Zip 02852
4. NAICS Code 445120		6. Brief description of the character of business conducted in Rhode Island Operation of a convenience store			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Rakha Saran			Vice-President Name Tariq T. Shiekh		
Street Address 281 Hill Farm Road			Street Address 1085 Tower Hill Road		
City Coventry	State RI	Zip 02816	City North Kingstown	State RI	Zip 02852
Secretary Name Tariq T. Shiekh			Treasurer Name Rakha Saran		
Street Address 1085 Tower Hill Road			Street Address 281 Hill Farm Road		
City North Kingstown	State RI	Zip 02852	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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/SERIES		
			PAR VALUE		
			No Par		
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.					
<b>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.</b>					
Name of Authorized Representative Tariq T. Shiekh					Date 2-24-19
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

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