RI SOS Filing Number: 202192052340 Date: 2/18/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
FEB 18 2021
B 5313
05

Annual Report for the year: 2021
Corporation

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

1. Entity ID Number	2. Exact name of the Corporation			
101799	Best Way Convenience Store, Inc			
3. Principal Office Address		City	State	Zip
1085 Tower Hill Road		North Kingstown	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
445120	Operation of a convenience store			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Rekha 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: Rekha 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) — Check the box to indicate an attachment ☐

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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	200		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.

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	Date
Tariq T. Shiekh	2-10-21

Signature of Authorized Representative
1 Tariq

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

FORM 630 - Revised: 08/2020