



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 2017

**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. 11C168		2. Name of Corporation Big Lots Stores, Inc	
3. Street Address Principal Business Office 300 Phillipi Rd		City Columbus	State OH
4. Business Phone No. 614-278-6835		5. State of Incorporation Ohio	
6. Brief Description of the Character of Business Conducted in Rhode Island Retail Sales			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name David Campisi		Vice President Name L. Michael Watts	
Street Address 300 Phillipi Rd		Street Address 300 Phillipi Rd	
City Columbus	State OH	City Columbus	State OH
Zip 43228		Zip 43228	
Secretary Name Ronald Robins		Treasurer Name Paul Schroeder	
Street Address 300 Phillipi Rd		Street Address 300 Phillipi Rd	
City Columbus	State OH	City Columbus	State OH
Zip 43228		Zip 43228	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name David Campisi		Director Name Ronald Robins	
Street Address 300 Phillipi Rd		Street Address 300 Phillipi Rd	
City Columbus	State OH	City Columbus	State OH
Zip 43228		Zip 43228	
Director Name Timothy Johnson		Director Name	
Street Address 300 Phillipi Rd		Street Address	
City Columbus	State OH	City	State
Zip 43228		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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 575	Class/Series Common
		Par Value Nopar	

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

**FILED**  
MAR 27 2017  
774368

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 L. Michael Watts Date 2/1/2017  
Print or Type Name L. Michael Watts  
Title Vice President, Tax