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.

FILED
FEB 16 2018
BY

1. Entity ID Number	2. Exact name of the Corporation			
001678352	BARGAIN CITY FLEA MARKET, INC.			
3. Principal Office Address		City	State	Zip
17 WALKER STREET		PAWTUCKET	RI	02860
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531190				
5. State of Incorporation				
RI	REAL ESTATE PROPERTY MANA			

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

President Name			Vice-President Name		
STEVEN PINTO					
Street Address			Street Address		
17 WALKER ST					
City	State	Zip	City	State	Zip
PAWTUCKET	RI	02860			
Secretary Name			**Treasurer Name**		
STEVEN PINTO			STEVEN PINTO		
Street Address			Street Address		
17 WALKER ST			17 WALKER ST		
City	State	Zip	City	State	Zip
PAWTUCKET	RI	02860	PAWTUCKET	RI	02860

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
STEVEN PINTO					
Street Address			Street Address		
17 WALKER ST					
City	State	Zip	City	State	Zip
PAWTUCKET	RI	02860			
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.
Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	CNP	

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
Steven Pinto	

Signature of Authorized Representative
STEVEN PINTO

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