BARGAINCITY 02/09/RIF SOS Filing Number: 201858533030 Date: 2/16/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

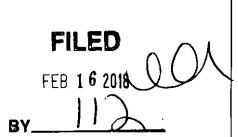
Department of State - Business Services Division

Annual Report for the year: 2018

→ Filing period: January 1 - March 1

→ Filing Fee: \$50 00

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



Entity ID Number 2. Exact name of the Corporation									
001678352 BARGAIN CITY FLEA MARKET, INC.									
Principal Office Address				City			State	Zip	
17 WALKER STREET				•	PAWTUCKET RI 0286				
NAICS Code	Brief description of the character of business conducted in Rhode Island								
531190									
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	0	2860						
Secretary Name		Treasurer Name							
STEVEN PINTO				STEVEN PINTO					
Street Address				Street Address					
17 WALKER ST				17 WALKER ST					
City	State	Zıp		City		State		Zip .	
PAWTUCKET	RI	Ιo	2860	PAWTU	CKET	RI		02860	
8 List ALL directors (names and a					Check the box to indicate an attachment				
Director Name		Director Na	Director Name						
STEVEN PINTO									
					Street Address				
17 WALKER ST									
City	State Zip			City State Z _{IP}					
PAWTUCKET	RI 02860		1		i				
Director Name				Director Name					
Street Address				Street Address					
City	State	Zip		City		State		Zip	
9 Shares Authorized 10.			10. Shares Issued	ares Issued Check the			x to indica	ite an attachment	
This information is currently of record in the NUMBER OF				SHARES CLASS/SERIES			PAR VALUE		
Department of State.			100		CNP				
Changes require an additional filing.								. —	
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 A									
Steen Verlo									
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