RI SOS Filing Number: 201989634880 Date: 4/1/2019 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

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

STAMP FOR SECRETARY OF STATE USE ONLY

RECEIVED 2019 APR -1 AM 10:08 SECRETARY OF STATE CORPORATIONS DIV

1. Entity ID Number	2. Exact name of the Corporation			
110168	Big Lots Stores, Inc			
3. Principal Office Address		City	State	Zip
4900 E Dublin Granville Rd		Columbus	OH	43081
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
452300	Retail Variety Store			
5. State of Incorporation				
OHIO				

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

President Name			Vice-President Name		
Bruce Thorn			L. Michael Watts		
Street Address			Street Address		
4900 E Dublin Granville Rd			4900 E Dublin Granville Rd		
City	State	Zip	City	State	Zip
Columbus	OH	43081	Columbus	OH	43081
Secretary Name			**Treasurer Name**		
Ronald Robins			Paul Schroeder		
Street Address			Street Address		
4900 E Dublin Granville Rd			4900 E Dublin Granville Rd		
City	State	Zip	City	State	Zip
Columbus	OH	43081	Columbus	OH	43081

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

Director Name			Director Name		
Bruce Thorn			Ronald Robins		
Street Address			Street Address		
4900 E Dublin Granville Rd			4900 E Dublin Granville Rd		
City	State	Zip	City	State	Zip
Columbus	OH	43081	Columbus	OH	43081
Director Name			Director Name		
Timothy Johnson					
Street Address			Street Address		
4900 E Dublin Granville Rd					
City	State	Zip	City	State	Zip
Columbus	OH	43081			

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
575	Common	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
L. Michael Watts	FILED	3/22/2019
Signature of Authorized Representative	SIGN DOCUMENT ON: APR 01 2019	
L Michael Watts	BY: A41C3	

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: 10/2017