



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.

STAMIN

FOR  
SECRETARY OF STATE  
USE ONLY

2019 APR - 1 AM 10:08

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

1. Entity ID Number 110168		2. Exact name of the Corporation Big Lots Stores, Inc			
3. Principal Office Address 4900 E Dublin Granville Rd		City Columbus		State OH	Zip 43081
4. NAICS Code 452300		6. Brief description of the character of business conducted in Rhode Island Retail Variety Store			
5. State of Incorporation OHIO					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Bruce Thorn			Vice-President Name L. Michael Watts		
Street Address 4900 E Dublin Granville Rd			Street Address 4900 E Dublin Granville Rd		
City Columbus	State OH	Zip 43081	City Columbus	State OH	Zip 43081
Secretary Name Renaud Robins			Treasurer Name Paul Schröder		
Street Address 4900 E Dublin Granville Rd			Street Address 4900 E Dublin Granville Rd		
City Columbus	State OH	Zip 43081	City Columbus	State OH	Zip 43081
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Bruce Thorn			Director Name Renaud Robins		
Street Address 4900 E Dublin Granville Rd			Street Address 4900 E Dublin Granville Rd		
City Columbus	State OH	Zip 43081	City Columbus	State OH	Zip 43081
Director Name Timothy Johnson			Director Name		
Street Address 4900 E Dublin Granville Rd			Street Address		
City Columbus	State OH	Zip 43081	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			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 L. Michael Watts				Date 3/22/2019	
Signature of Authorized Representative L. Michael Watts				SIGN DOCUMENT APR 01 2019	

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

FILED  
BY J. A. 41C3

FORM 630 - Revised: 10/2017