RI SOS Filing Number: 202190010900 Date: 2/4/2021 9:37:00 AM

State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year: 2020

Corporation

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

1. Entity ID Number	2. Exact name of the Corporation
000066311	Business Surplus Inc.

3. Principal Office Address	City	State	Zip
30 Greenmeadow Drive	Narragansett	RI	02992

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
453991	To operate a new and used store fixtures, office furniture, business equipment including all services incidental thereto
5. State of Incorporation: Rhode Island	

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

President Name: Susanne DeFedele	Vice-President Name
Street Address: 30 Green Meadow Drive	Street Address
City: Narragansett / State: RI / Zip: 02882	City / State / Zip
Secretary Name: Same	Treasurer Name: Same
Street Address	Street Address
City / State / Zip	City / State / Zip

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

Director Name: Same	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	Common	NPV

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
Susanne DeFedele	12-30-20

Signature of Authorized Representative: Susanne DeFedele, Pres

FILED
FEB 4 2021
9:37
BY CAB66

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: 08/2020