



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

STAMP

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 000066311		2. Exact name of the Corporation Business Surplus Inc.												
3. Principal Office Address 30 Greenmeadow Drive			City Narragansett	State RI	Zip 02992									
4. NAICS Code 453991		6. Brief description of the character of business conducted in Rhode Island 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 DeFede			Vice-President Name											
Street Address 30 Green Meadow Drive			Street Address											
City Narragansett	State RI	Zip 02/882	City	State										
Secretary Name Same			Treasurer Name Same											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>Common</td> <td>NPV</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	Common	NPV			
		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 Susanne DeFede				Date 12-30-20										
Signature of Authorized Representative <i>Susanne DeFede, Pres</i>				FILED FEB 4 2021 9:37 CAB6G										