



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 17111		2. Name of Corporation North American Shoe Co.		
3. Street Address Principal Business Office 895 Warren Ave			City E. Providence	State RI
4. Business Phone No. 401-434-1177		5. State of Incorporation RI		
6. Brief Description of the Character of Business Conducted in Rhode Island Wholesale				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Gayle Sock		Vice President Name Philip Sock		
Street Address 10 South Trail		Street Address 10 South Trail		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI
Secretary Name Gayle Sock		Treasurer Name Philip Sock		
Street Address 10 South Trail		Street Address 10 South Trail		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Gayle Sock		Director Name Philip Sock		
Street Address 10 South Trail		Street Address 10 South Trail		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares 100	Class/Series Common	Par Value No Par

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.

FILED

File Date FEB 03 2012
 Check No. By [Signature]
 By: 27406
 FOR SECRETARY OF STATE USE ONLY

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.

Signature Gayle Sock Date 1/25/2012
 Print or Type Name Gayle Sock
 Title President