



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 22906		2. Exact name of the Corporation RUTH'S LINGERIE, INC.			
3. Principal office address 106 Rolfe Square			City Cranston	State RI	Zip 02910
4. Business Phone No. 401-941-5155			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Lingerie Store					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Carol Schwebel			Vice-President Name Sara Schwebel		
Street Address 11 Krystal Pond Drive			Street Address 319 Waccamaw Avenue		
City West Warwick	State RI	Zip 02893	City Columbia	State SC	Zip 29205
Secretary Name David Charles Schwebel			Treasurer Name David Charles Schwebel		
Street Address 1348 58th Street S			Street Address 1348 58th Street S		
City Birmingham	State AL	Zip 35222	City Birmingham	State AL	Zip 35222
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Carol Schwebel			Director Name Sara Schwebel		
Street Address 11 Krystal Pond Drive			Street Address 319 Waccamaw Avenue		
City West Warwick	State RI	Zip 02893	City Columbia	State SC	Zip 29205
Director Name David Charles Schwebel			Director Name		
Street Address 1348 58th Street S			Street Address		
City Birmingham	State AL	Zip 35222	City	State	Zip
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100 shs	Common	No par value

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

BY 33499

FILED
MAR 06 2015

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.

Carol Schwebel 2/19/15
Signature of Authorized Representative Date

Carol Schwebel

Print or Type Name of Authorized Representative