

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 _2016

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.

22906	,	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			
Brief description of the char- Lingerie Store	acter of busines	s conducted in Rhode Islan	nd .			
7. LIST <u>all</u> officers (Nam	MES AND ADD	RESSES) ("X" BOX FOR A	TTACHMENT)			
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	
B. LIST <u>ALL</u> DIRECTORS (NA	MES AND ADD	PRESSES) ("X" BOX FOR	ATTACHMENT)			
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 Schweb	el		Director Name			
Street Address 1348 58th Street S			Street Address			
City Birmingham	State AL	Zip 35222	City	State	Zìp	
SHARES AUTHORIZED			10. SHARES ISSUE	("X" BOX FOR ATTACK	HMENT)	
his information is appropriate of second in the Office of the Co.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
his information is currently of record in the Office of the Secretary of State. Changes require an additional filing. see Section 9 of instruction sheet.			100 shs	Common	No par value	
This report must be executed o	on behalf of the this report mus	corporation by an authorize st be executed on behalf of	d representative. If the the corporation by the r	corporation is in the hands receiver or trustee.	s of a receiver or trustee,	
File Date		FILED	Under penalty of p this report, includi	erjury, I declare and affiring any accompanying sents contained herein ar	chedules and statemen	
By:		FEB 1 6 2016	Signature of Author	Sakuele ized Representative	1/2: Date	
FOR SECRETARY OF STATE	HEE ONLY	TED TO ZUID	Carol Schweb	•	Date	
orm No. 630 evised: 01/2012	BY	34383	^ı	of Authorized Representa	ative	