



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.

1. Entity ID No. 118140		2. Exact name of the Corporation SHOE SHOW, INC.	
3. Principal office address 2201 Trinity Church Road		City Concord	State NC
4. Business Phone No. 704-782-4143		Zip 28027	
5. State of Incorporation North Carolina			
6. Brief description of the character of business conducted in Rhode Island Retail sales of shoes and accessories.			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Robert B. Tucker		Vice-President Name Jack van der Poel	
Street Address 2201 Trinity Church Road		Street Address 2201 Trinity Church Road	
City Concord	State NC	Zip 28027	City Concord
Secretary Name Carolyn C. Tucker		Treasurer Name	
Street Address 2201 Trinity Church Road		Street Address	
City Concord	State NC	Zip 28027	City
		State	
		Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Robert B. Tucker		Director Name	
Street Address 2201 Trinity Church Road		Street Address	
City Concord	State NC	Zip 28027	City
		State	
		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	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
		50	Common
		100	

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

FILED

FEB 19 2016

BY 1423660
DS

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 of Authorized Representative

12/28/2015

Date

Jack van der Poel

Print or Type Name of Authorized Representative