



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	Zip 28027
4. Business Phone No. 704-782-4143			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	State NC	Zip 28027
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	PAR VALUE
			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

FILED
FEB 19 2016

BY 1423660
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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]
 Signature of Authorized Representative

12/28/2015
 Date

Jack van der Poel
 Print or Type Name of Authorized Representative