



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. 60746		2. Exact name of the Corporation Chico's FAS, Inc.			
3. Principal office address 11215 Metro Parkway		City Fort Myers		State FL	Zip 33966
4. Business Phone No. 239-274-5157		5. State of Incorporation FL			
6. Brief description of the character of business conducted in Rhode Island Retail - women's apparel and accessories					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Shelley Broader		Vice-President Name Kevin R. Schockling			
Street Address 11215 Metro Parkway		Street Address 11215 Metro Parkway			
City Fort Myers	State FL	Zip 33966	City Fort Myers	State FL	Zip 33966
Secretary Name Susan Faw		Treasurer Name David Oliver			
Street Address 11215 Metro Parkway		Street Address 11215 Metro Parkway			
City Fort Myers	State FL	Zip 33966	City Fort Myers	State FL	Zip 33966
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Verna Gibson		Director Name			
Street Address 11215 Metro Parkway		Street Address			
City Fort Myers	State FL	Zip 33966	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
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.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		137732831	Common	\$0.01	

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

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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 of Authorized Representative

Kevin R. Schockling

Print or Type Name of Authorized Representative

00/00/82017

Date