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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
118140	SHOE SHOW, INC.		
3. Principal Office Address	City	State	Zip
2201 Trinity Church Road	Concord	NC	28027
4. NAICS Code: 424340	6. Brief description of the character of business conducted in Rhode Island: Retail sales of shoes and accessories.		
5. State of Incorporation: North Carolina			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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) — Check the box to indicate an attachment ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
50	Common	100

11. 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.

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.

Name of Authorized Representative	Date
Jack van der Poel	11/20/2017

Signature of Authorized Representative: X

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
FEB 20 2018
BY 1538886

FORM 630 - Revised: 10/2017