



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 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. NAICS Code 404.340		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 <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) Check the box to indicate an 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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		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. <i>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.</i>					
Name of Authorized Representative Jack van der Poel					Date 11/20/2017
Signature of Authorized Representative 					

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
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