RI SOS Filing Number: 201859226940 Date: 2/26/2018 4:00:00 PM

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		
000163813	CLAIRE'S BOUTIQUES, INC.		
3. Principal Office Address	City	State	Zip
3 SW 129TH AVENUE, SUITE 400	PEMBROKE PINES	FL	33027
4. NAICS Code: 44-45 RETAIL TRADE	6. Brief description of the character of business conducted in Rhode Island: RETAIL SALES OF LADIES FASHION ACCESSORIES		
5. State of Incorporation: COLORADO	448150		

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

President Name	Vice-President Name
NONE	BLAINE ROBINSON
Street Address:	Street Address: 3 SW 129TH AVENUE, SUITE 400
City / State / Zip:	City: PEMBROKE PINES / State: FL / Zip: 33027
Secretary Name: STEVE SERNETT	Treasurer Name:
Street Address: 2400 W. CENTRAL ROAD	Street Address:
City: HOFFMAN ESTATES / State: IL / Zip: 60195	City / State / Zip:

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

Director Name	Director Name
RON MARSHALL	
Street Address: 2400 W. CENTRAL ROAD	Street Address:
City: HOFFMAN ESTATES / State: IL / Zip: 60195	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
100	COMMON	NPV

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
Blaine Robinson	2/21/18

Signature of Authorized Representative: Blaine Robinson SIGN DOCUMENT ONLY

FILED
FEB 26 2018
BY 21047465

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

FORM 630 - Revised: 10/2017