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	6. Brief description of the character of business conducted in Rhode Island
44-45 RETAIL TRADE	RETAIL SALES OF LADIES FASHION ACCESSORIES
5. State of Incorporation	448150
COLORADO	

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	State	Zip
			PEMBROKE PINES	FL	33027
Secretary Name			Treasurer Name		
STEVE SERNETT					
Street Address			Street Address		
2400 W. CENTRAL ROAD					
City	State	Zip	City	State	Zip
HOFFMAN ESTATES	IL	60195			

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

Director Name			Director Name		
RON MARSHALL					
Street Address			Street Address		
2400 W. CENTRAL ROAD					
City	State	Zip	City	State	Zip
HOFFMAN ESTATES	IL	60195			
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

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

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BY 21647465

FORM 630 - Revised: 10/2017