RI SOS Filing Number: 201987844380 Date: 2/25/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 25 2019

BY 36729

Annual Report for the year: 2019

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			
22906	RUTH'S LINGERIE, INC.			
3. Principal Office Address		City	State	Zip
106 Rolfe Street		Cranston	RI	02910
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
448120	Lingerie Store			
5. State of Incorporation				
RI				

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

President Name: Carol Schwebel			Vice-President Name: Sara Schwebel		
Street Address: 11 Krystal Pond Drive			Street Address: 319 Waccamaw Avenue		
City: West Warwick	State: RI	Zip: 02893	City: Columbia	State: SC	Zip: 29205
Secretary Name: David Charles Schwebel			Treasurer Name: David Charles Schwebel		
Street Address: 1348 58th Street S			Street Address: 1348 58th Street S		
City: Birmingham	State: AL	Zip: 35222	City: Birmingham	State: AL	Zip: 35222

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

Director Name: Carol Schwebel			Director Name: Sara Schwebel		
Street Address: 11 Krystal Pond Drive			Street Address: 319 Waccamaw Avenue		
City: West Warwick	State: RI	Zip: 02893	City: Columbia	State: SC	Zip: 29205
Director Name: David Charles Schwebel			Director Name:		
Street Address: 1348 58th Street S			Street Address:		
City: Birmingham	State: AL	Zip: 35222	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 shs	common	no par value

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
Carol Schwebel	2/1/19

Signature of Authorized Representative: Carol Schwebel SIGN DOCUMENT HERE

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