



State of Rhode Island

Department of State - Business Services Division

FILED

MAR 01 2021

BY

Annual Report for the year: 2021

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 22906		2. Exact name of the Corporation RUTH'S LINGERIE, INC.			
3. Principal Office Address 106 Rolfe Street			City Cranston	State RI	Zip 02910
4. NAICS Code 448120		6. Brief description of the character of business conducted in Rhode Island Lingerie Store			
5. State of Incorporation Rhode Island					
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		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		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 Carol Schwebel				Date 2/10/21	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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