State of Rhode Island
Department of State - Business Services Division

FILED
FEB 23 2021
B 3024088

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	2. Exact name of the Corporation
171213	CLAIRE'S BOUTIQUES, INC.

3. Principal Office Address	City	State	Zip
3 SW 129TH AVENUE	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: MICHIGAN	

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

President Name	Street Address	City	State	Zip
RYAN VERO	2400 W. CENTRAL RD	HOFFMAN ESTATES	IL	60195

Vice-President Name	Street Address	City	State	Zip
MICHAEL SCHWINDLE	2400 W. CENTRAL RD	HOFFMAN ESTATES	IL	60195

Secretary Name	Street Address	City	State	Zip
BRENDAN MCKEOUGH	2400 W. CENTRAL RD	HOFFMAN ESTATES	IL	60195

Treasurer Name	Street Address	City	State	Zip

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

Director Name	Street Address	City	State	Zip
MICHAEL SCHWINDLE	2400 W. CENTRAL RD	HOFFMAN ESTATES	IL	60195

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
BRENDAN MCKEOUGH	2400 W. CENTRAL RD	HOFFMAN ESTATES	IL	60195

Director Name	Street Address	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	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
MICHAEL SCHWINDLE	02/04/2021

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

FORM 630 - Revised: 08/2020