



State of Rhode Island
Department of State - Business Services Division

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

FEB 23 2021

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1. Entity ID Number 1712713		2. Exact name of the Corporation CLAIRE'S BOUTIQUES, INC.	
3. Principal Office Address 3 SW 129TH AVENUE		City PEMBROKE PINES	State FL
		Zip 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 MICHIGAN			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name RYAN VERO		Vice-President Name MICHAEL SCHWINDLE	
Street Address 2400 W. CENTRAL RD		Street Address 2400 W. CENTRAL RD	
City HOFFMAN ESTATES	State IL	City HOFFMAN ESTATES	State IL
Zip 60195		Zip 60195	
Secretary Name BRENDAN MCKEOUGH		Treasurer Name	
Street Address 2400 W. CENTRAL RD		Street Address	
City HOFFMAN ESTATES	State IL	City	State
Zip 60195		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name MICHAEL SCHWINDLE		Director Name	
Street Address 2400 W. CENTRAL RD		Street Address	
City HOFFMAN ESTATES	State IL	City	State
Zip 60195		Zip	
Director Name BRENDAN MCKEOUGH		Director Name	
Street Address 2400 W. CENTRAL RD		Street Address	
City HOFFMAN ESTATES	State IL	City	State
Zip 60195		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
		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 MICHAEL SCHWINDLE		Date 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