



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02901-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cc)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 108076		2. Name of Corporation C & J CLARK RETAIL, INC.			
3. Street Address Principal Business Office 156 OAK STREET		City NEWTON UPPER FALLS	State MA	Zip 02464	
4. Business Phone No. 617-964-1222		5. State of Incorporation PENNSYLVANIA			
6. Brief Description of the Character of Business Conducted in Rhode Island RETAIL SHOE SALES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAMES SALZANO		Vice President Name MARK BOUCKLEY			
Street Address 156 OAK STREET		Street Address 156 OAK STREET			
City NEWTON UPPER FALLS	State MA	Zip 02464	City NEWTON UPPER FALLS	State MA	Zip 02464
Secretary Name KARLA JARVIS		Treasurer Name MAUREEN GRADY			
Street Address 156 OAK STREET		Street Address 156 OAK STREET			
City NEWTON UPPER FALLS	State MA	Zip 02464	City NEWTON UPPER FALLS	State MA	Zip 02464
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MELISSA POTTER		Director Name ROBIN BEACHAM			
Street Address 156 OAK STREET		Street Address 156 OAK STREET			
City NEWTON UPPER FALLS	State MA	Zip 02464	City NEWTON UPPER FALLS	State MA	Zip 02464
Director Name JAMES SALZANO		Director Name			
Street Address 156 OAK STREET		Street Address			
City NEWTON UPPER FALLS	State MA	Zip 02464	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		Number of Shares NONE	Class/Series NONE	Par Value NONE	

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.

FILED	
File Date	FEB 28 2011
Check No.	4014520
By: BY	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature Maureen Grady Date 2/23/11
MAUREEN GRADY
Print or Type Name
TREASURER
Title