



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 02904-261  
401.222.304

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

**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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 95040	2. Name of Corporation COMPETITOR'S CLOSET INC.
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3. Street Address Principal Business Office 1001 SANDY LANE	City WARWICK	State RI	Zip 02886
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4. Business Phone No. 401-737-7447	5. State of Incorporation RHODE ISLAND
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6. Brief Description of the Character of Business Conducted in Rhode Island  
Buying, selling and dealing in clothing, hosiery, shoes, skates, and any dance and or skating specialty

**7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name DIANNE STEIN	Vice President Name
Street Address 23 LARKSPUR ROAD	Street Address
City WARWICK	City
State RI	State
Zip 02886	Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

**8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

**9. SHARES AUTHORIZED**

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.	<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
	ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED		
	Number of Shares	Class/Series	Par Value
50	CNP	0.00	

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.

Signature Dianne Stein Date \_\_\_\_\_  
**DIANNE STEIN**  
 Print or Type Name  
**PRESIDENT**  
 Title

**FILED**  
 JAN 30 2013  
 3162

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_ BY \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY