



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>71800</b>		2. Name of Corporation <b>CLC MEN'S WEAR, INC.</b>			
3. Street Address Principal Business Office <b>642 EAST AVENUE</b>		City <b>WARRICK</b>	State <b>RI</b>	Zip <b>02886</b>	
4. Business Phone No. <b>401-827-7848</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>3772</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>SALE AT RETAIL OF MEN'S FASHION WEAR AND ACCESSORIES.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>CHARLES S TSONOS</b>			Vice President Name		
Street Address <b>275 WILSON AVENUE</b>			Street Address		
City <b>EAST PROV.</b>	State <b>RI</b>	Zip <b>02916</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>SDMS AS ABOVE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
<b>900</b>	<b>COMM NO PAR VALUE</b>		<b>900</b>		<b>NONE</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 1 8 0 0 \*

File Date **2/17/04**  
Check No. **4490**  
By: **KMC**

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 of Officer  
**CHARLES S. TSONOS** Date **2/17/04**  
Print or Type Name of Officer  
**CHARLES S. TSONOS**