



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **71800** 2. Name of Corporation **CLC MEN'S WEAR, INC.**
3. Street Address Principal Business Office **642 EAST AVE NVE** City **WARRICK** State **R.I.** Zip **02886**
4. Business Phone No. **401-827-7848** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3772**
7. Brief Description of the Character of Business Conducted in Rhode Island **MENS CLOTHING - RETAIL**

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

President Name CHARLES S. TSONOS	Vice President Name SAME
Street Address 275 WILSON AVENUE	Street Address SAME
City EAST PROVIDENCE State R.I. Zip 02916	City SAME State SAME Zip SAME
Secretary Name SAME	Treasurer Name SAME
Street Address SAME	Street Address SAME
City SAME State SAME Zip SAME	City SAME State SAME Zip SAME

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

Director Name CHARLES S. TSONOS	Director Name SAME
Street Address 275 WILSON AVENUE	Street Address SAME
City EAST PROVIDENCE State R.I. Zip 02916	City SAME State SAME Zip SAME
Director Name SAME	Director Name SAME
Street Address SAME	Street Address SAME
City SAME State SAME Zip SAME	City SAME State SAME Zip SAME

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
900 COMM NO PAR VALUE		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
900		

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: 3/21/03

Check No.: 4155

By: [Signature]

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: [Signature] Date: _____

Print or Type Name of Officer: PRESIDENT