

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

CK # 536 1070
File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0071800 Annual Report for the year: 1994

Name of Business Entity: CLC Menswear Inc

Business entity organized under the laws of the State of: R.I.

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

CLC Menswear Inc
993 Oakwood Ave
Cumston, RI 04220

Phone: (401) 946-4977

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Charles S. Tsongas, Pres.
993 Oakwood Ave
Cumston, RI 04220

Brief statement of the character of business conducted in Rhode Island:

Retail - Mens Clothing

Date of Organization: 18-March-1993

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One)	<u>Charles S. Tsongas</u>	<u>275 Wilson Ave, E. Prov.</u>	<u>RI 02916</u>
☐ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT (Check One)	<u>Luigi Jacinto</u>	<u>56 Cumston Dr.</u>	<u>Cumston, RI 04220</u>
☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One)	<u>SAME AS</u>	<u>VICE PRESIDENT</u>	
☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One)	<u>SAME AS</u>	<u>PRESIDENT</u>	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>N/A</u>			

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>900</u>	NUMBER
CLASS	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>NO PAR VALUE</u>	PAR VALUE OR WITHOUT PAR

Date 9. 2nd 19 94

By:

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

DEC 27 1994
[Signature]