



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>00071800</u>		2. Exact name of the Corporation <u>CLC MENSWEAR INC</u>	
3. Principal Office Address <u>188 TRAVERTON AVENUE #2</u>		City <u>EAST PROVIDENCE</u>	State <u>RI</u>
4. NAICS Code <u>44</u>	6. Brief description of the character of business conducted in Rhode Island <u>MAENS CLOTHING RETAIL</u>		
5. State of Incorporation <u>R.I.</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>CHARLES S. TSOUROS</u>		Vice-President Name	
Street Address <u>275 WILSON AVENUE</u>		Street Address	
City <u>EAST PROVIDENCE</u>	State <u>RI</u>	Zip <u>02916</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>CHARLES S. TSOUROS</u>		Director Name	
Street Address <u>275 WILSON AVENUE</u>		Street Address	
City <u>EAST PROVIDENCE</u>	State <u>RI</u>	Zip <u>02916</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. <u>900</u>		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>900</u>	CLASS/SERIES <u>Ø</u>
			PAR VALUE <u>Ø</u>
11. 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.			
Name of Authorized Representative <u>CHARLES S. TSOUROS</u>		Date <u>2/28/17</u>	
Signature of Authorized Representative <u>[Signature]</u>		FILED <u>296 553</u>	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017