



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

1. Corporate ID No. 76911		2. Name of Corporation COHOES FASHIONS OF CRANSTON, INC.			
3. Street Address Principal Business Office 156 HILLSIDE ROAD			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 609 387-7800		5. State of Incorporation RHODE ISLAND		6. SIC Code 3939	
7. Brief Description of the Character of Business Conducted in Rhode Island THE OPERATION OF MEN'S, WOMEN'S, AND CHILDREN'S CLOTHING STORES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MONROE G. MILSTEIN			Vice President Name ANDREW R. MILSTEIN		
Street Address 1830 ROUTE 130 N.			Street Address 1830 ROUTE 130 N.		
City BURLINGTON	State NJ	Zip 08016	City BURLINGTON	State NJ	Zip 08016
Secretary Name PAUL C. TANG			Treasurer Name ROBERT L. LA PENTA		
Street Address 1830 ROUTE 130 N.			Street Address 1830 ROUTE 130 N.		
City BURLINGTON	State NJ	Zip 08016	City BURLINGTON	State NJ	Zip 08016
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MONROE G. MILSTEIN			Director Name ANDREW R. MILSTEIN		
Street Address 1830 ROUTE 130 N.			Street Address 1830 ROUTE 130 N.		
City BURLINGTON	State NJ	Zip 08016	City BURLINGTON	State NJ	Zip 08016
Director Name STEPHEN E. MILSTEIN			Director Name		
Street Address 1830 ROUTE 130 N.			Street Address		
City BURLINGTON	State NJ	Zip 08016	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
1,000	\$1.00 PAR VALUE		1,000	COM.	1.00

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



FILED
 File Date FEB 28 2005 200030584
 Check No.
 By LB
 FOR SECRETARY OF STATE USE ONLY

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 2.23.05
 Print or Type Name of Officer ROBERT L. LA PENTA
 Title of Officer TREASURER



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
106 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 IN BLACK)

1. Corporate ID No. 76911
2. Name of Corporation COHOES FASHIONS OF CRANSTON, INC.
3. Street Address Principal Business Office 1830 ROUTE 130 NORTH
City BURLINGTON State NJ Zip 08016
4. Business Phone No. 6093877800
5. State of Incorporation RHODE ISLAND
6. SIC Code 3954
7. Brief Description of the Character of Business Conducted in Rhode Island
THE OPERATION OF MEN'S, WOMEN'S, AND CHILDREN'S CLOTHING STORES.

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

President Name MONROE G. MILSTEIN Street Address 1830 ROUTE 130 N. City BURLINGTON State NJ Zip 08016	Vice President Name ANDREW R. MILSTEIN Street Address 1830 ROUTE 130 N. City BURLINGTON State NJ Zip 08016
Secretary Name PAUL C. TANG Street Address 1830 ROUTE 130 N. City BURLINGTON State NJ Zip 08016	Treasurer Name ROBERT L. LA PENTA Street Address 1830 ROUTE 130 N. City BURLINGTON State NJ Zip 08016

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

Director Name MONROE G. MILSTEIN Street Address 1830 ROUTE 130 N. City BURLINGTON State NJ Zip 08016	Director Name ANDREW R. MILSTEIN Street Address 1830 ROUTE 130 N. City BURLINGTON State NJ Zip 08016
Director Name STEPHEN E. MILSTEIN Street Address 1830 ROUTE 130 N. City BURLINGTON State NJ Zip 08016	

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 COMMON \$1.00

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



7 6 9 1 1

76911 DBC 09/08/04 03:24:38 PM

File Date _____

Check No. _____

By _____

FOR SECRETARY OF STATE USE ONLY

9667222222

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.

X 9-9-04
Signature of Officer Date
ROBERT L. LA PENTA
Print or Type Name of Officer
VP / TREAS
Title of Officer



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. **76911** 2. Name of Corporation **COHOES FASHIONS OF CRANSTON, INC.**
3. Street Address Principal Business Office **1830 Route 130 N.** City **Burlington** State **RI** Zip **08016**
4. Business Phone No. **(609) 387-7800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3939**
7. Brief Description of the Character of Business Conducted in Rhode Island **Retail Dept Sales**

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

President Name Monroe G. Milstein Street Address 1830 Route 130 N. City Burlington State RI Zip 08016	Vice President Name Andrew R. Milstein Street Address 1830 Route 130 N. City Burlington State RI Zip 08016
Secretary Name Paul C. Tang Street Address 1830 Route 130 N. City Burlington State RI Zip 08016	Treasurer Name Robert L. LaPenta Street Address 1830 Route 130 N. City Burlington State RI Zip 08016

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

Director Name Monroe G. Milstein Street Address 1830 Route 130 N. City Burlington State RI Zip 08016	Director Name Andrew R. Milstein Street Address 1830 Route 130 N. City Burlington State RI Zip 08016
Director Name Stephen E. Milstein Street Address 1830 Route 130 N. City Burlington State RI Zip 08016	

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000 \$1.00 PAR VALUE		Par Value

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

ISSUED SHARES	Class/Series	Par Value
1,000	Common	\$1.00

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



* 7 6 9 1 1 *

File Date: **3-12-03**
Check No.: **T2000019053**
By:

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 _____ Date _____
Robert L. LaPenta
Print or Type Name of Officer
C.F.O / VR
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **76911** 2. Name of Corporation **COHOES FASHIONS OF CRANSTON, INC.**
3. Street Address Principal Business Office **1830 ROUTE 130 N** City **BURLINGTON** State **NJ** Zip **08016**
4. Business Phone No. **609-387-7800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3939**

7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL APPAREL & ACCESSORY SALES

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

President Name MONROE G. MILSTEIN Street Address 1830 ROUTE 130 N City BURLINGTON State NJ Zip 08016	Vice President Name ANDREW R. MILSTEIN Street Address 1830 ROUTE 130 N City BURLINGTON State NJ Zip 08016
Secretary Name ANDREW R. MILSTEIN Street Address 1830 ROUTE 130 N City BURLINGTON State NJ Zip 08016	Treasurer Name STEPHEN E. MILSTEIN Street Address 1830 ROUTE 130 N City BURLINGTON State NJ Zip 08016

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

Director Name MONROE G. MILSTEIN Street Address 1830 ROUTE 130 N City BURLINGTON State NJ Zip 08016	Director Name ANDREW R. MILSTEIN Street Address 1830 ROUTE 130 N City BURLINGTON State NJ Zip 08016
Director Name STEPHEN E. MILSTEIN Street Address 1830 ROUTE 130 N City BURLINGTON State NJ Zip 08016	

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	\$1.00 FAR VALUE	\$1.00

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1000	Common	\$1.00

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



* 7 6 9 1 1 *

File Date: 2-11-02
Check No.: 2000014003
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]
Signature of Officer Date

ROBERT L. LA PENTA
Print or Type Name of Officer

CFO
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **78911** 2. Name of Corporation **CONCHOES FASHIONS OF CRANSTON, INC.**

3. Street Address Principal Business Office **1830 Route 130 N.** City **Burlington** State **RI** Zip **08016**
4. Business Phone No. **609-387-7800** 5. State of Incorporation **RHODE ISLAND** 6. **5939**

7. Brief Description of the Character of Business Conducted in Rhode Island
Retail Apparel + Accessory Sales

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

President Name Monroe G. Milstein	Vice President Name Andrew R. Milstein
Street Address 1830 Route 130 N.	Street Address 1830 Route 130 N.
City Burlington State RI Zip 08016	City Burlington State RI Zip 08016
Secretary Name Andrew R. Milstein	Treasurer Name
Street Address 1830 Route 130 N.	Street Address
City Burlington State RI Zip 08016	City State Zip

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

Director Name Monroe G. Milstein	Director Name Andrew R. Milstein
Street Address 1830 Route 130 N.	Street Address 1830 Route 130 N.
City Burlington State RI Zip 08016	City Burlington State RI Zip 08016
Director Name Andrew R. Milstein	Director Name
Street Address 1830 Route 130 N.	Street Address
City Burlington State RI Zip 08016	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value

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



* 7 6 9 1 1 *

File Date: 2/12/01
Check No.: 200000806
By: LU

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: 02/08/01
Print or Type Name of Officer: Robert L. LaRocca
Title of Officer: C.F.O.



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **76911** 2. Name of Corporation **COHOES FASHIONS OF CRANSTON, INC.**
3. Street Address Principal Business Office **1830 Route 130 N** City **Burlington** State **RI** Zip **08016**
4. Business Phone No. **609-387-7800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3939**

7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL APPAREL & ACCESSORY SALES

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

<p>President Name Monroe G. MISTEIN Street Address 1830 Route 130 N City Burlington State RI Zip 08016 Secretary Name Andrew R. MISTEIN Street Address 1830 Route 130 N City Burlington State RI Zip 08016</p>	<p>Vice President Name Andrew R. MISTEIN Street Address 1830 Route 130 N City Burlington State RI Zip 08016 Treasurer Name Stephen E. MISTEIN Street Address 1830 Route 130 N City Burlington State RI Zip 08016</p>
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

<p>Director Name Monroe G. MISTEIN Street Address 1830 Route 130 N City Burlington State RI Zip 08016</p>	<p>Director Name Andrew R. MISTEIN Street Address 1830 Route 130 N City Burlington State RI Zip 08016</p>
<p>Director Name Stephen E. MISTEIN Street Address 1830 Route 130 N City Burlington State RI Zip 08016</p>	<p>Director Name Street Address City State Zip</p>

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS		\$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	Common	\$1.00

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



* 7 6 9 1 1 *

File Date: 5/5/00
70000003057

Check No.: 2

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Stephen E. MISTEIN 5/28/00
Signature of Officer Date

STEPHEN E. MISTEIN
Print or Type Name of Officer

VP / TREAS
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 76911		2. Name of Corporation COHOES FASHIONS OF CRANSTON, INC.	
3. Street Address Principal Business Office 1830 RTE. 130 N.		City BURLINGTON	State NJ
4. Business Phone No. 609-387-7800		5. State of Incorporation RHODE ISLAND	
6. SIC Code 3939			
7. Brief Description of the Character of Business Conducted in Rhode Island RETAIL APPAREL AND ACCESSORY SALES			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) (FILL IN SPACES BEFORE USING ATTACHMENTS)			
President Name MONROE G. MILSTEIN		Vice President Name ANDREW MILSTEIN	
Street Address 1830 ROUTE 130 N.		Street Address 1830 ROUTE 130 N.	
City BURLINGTON	State NJ	City BURLINGTON	State NJ
Zip 08016		Zip 08016	
Secretary Name ANDREW MILSTEIN		Treasurer Name STEPHEN MILSTEIN	
Street Address 1830 ROUTE 130 N		Street Address 1830 ROUTE 130 N	
City BURLINGTON	State NJ	City BURLINGTON	State NJ
Zip 08016		Zip 08016	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) (FILL IN SPACES BEFORE USING ATTACHMENTS)			
Director Name MONROE G. MILSTEIN		Director Name ANDREW MILSTEIN	
Street Address 1830 ROUTE 130 N		Street Address 1830 ROUTE 130 N	
City BURLINGTON	State NJ	City BURLINGTON	State NJ
Zip 08016		Zip 08016	
Director Name STEPHEN MILSTEIN		Director Name	
Street Address 1830 ROUTE 130 N		Street Address	
City BURLINGTON	State NJ	City	State
Zip 08016		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares 1,000 SHS	Class/Series \$1.00 PAR VALUE	Par Value	
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares 1,000	Class/Series COMMON	Par Value 1.00	

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



* 7 6 9 1 1 *

PAID 100 T87747
FEB 18 1999

File Date: _____
Check No.: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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]
Signature of Officer _____ Date **2-12-99**

MONROE G. MILSTEIN
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **76911** 2. Name of Corporation **COHOES FASHIONS OF CRANSTON, INC.**
3. Street Address Principal Business Office **1830 ROUTE 130 NORTH** City **BURLINGTON** State **N.J.** Zip **08016**
4. Business Phone No. **609-387-7800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3939**

7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL FAMILY APPAREL + ACCESSORY SALES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name MONROE G. MILSTEIN	Vice President Name ANDREW MILSTEIN
Street Address 1830 ROUTE 130 N.	Street Address 1830 ROUTE 130 N.
City BURLINGTON State N.J. Zip 08016	City BURLINGTON State N.J. Zip 08016
Secretary Name HENRIETTA MILSTEIN	Treasurer Name STEPHEN MILSTEIN
Street Address 1830 ROUTE 130 N.	Street Address 1830 ROUTE 130 N.
City BURLINGTON State N.J. Zip 08016	City BURLINGTON State N.J. Zip 08016

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name MONROE G. MILSTEIN	Director Name ANDREW MILSTEIN
Street Address 1830 ROUTE 130 N.	Street Address 1830 ROUTE 130 N.
City BURLINGTON State N.J. Zip 08016	City BURLINGTON State N.J. Zip 08016
Director Name STEPHEN MILSTEIN	Director Name
Street Address 1830 ROUTE 130 N.	Street Address
City BURLINGTON State N.J. Zip 08016	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000 SHS	\$1.00	PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
1,000	COMMON	1.00

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



File Date: **2.27.98**
Check No.: **810450**
By: **WD**
FOR SECRETARY OF STATE USE ONLY

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: **Andrew Brookman** Date: **2/24/98**
Print or Type Name of Officer: **Andrew Brookman**
Title of Officer: **Assistant Secretary**

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PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 76911 2. Name of Corporation COHOES FASHIONS OF CRANSTON, INC
 3. Street Address Principal Business Office 1830 Route 130 North C/O TAX DEPT BURLINGTON NJ 08016
 4. Business Phone No. 609-387-7800 5. State of Incorporation RHODE ISLAND 6. SIC Code 3939
 7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL FAMILY APPAREL & ACCESSORY SALES - at 196 HERSHBERG RD CRANSTON

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name <u>MONROE G. MILSTEIN</u> Street Address <u>1830 Route 130 North</u> City <u>Burlington NJ</u> State <u>NJ</u> Zip <u>08016</u>	Vice President Name <u>ANDREW E. MILSTEIN</u> Street Address <u>1830 Route 130 North</u> City <u>Burlington NJ</u> State <u>NJ</u> Zip <u>08016</u>
Secretary Name <u>HENRIETTA MILSTEIN</u> Street Address <u>1830 Route 130 North</u> City <u>Burlington NJ</u> State <u>NJ</u> Zip <u>08016</u>	Treasurer Name <u>HENRIETTA MILSTEIN</u> Street Address <u>1830 Route 130 North</u> City <u>Burlington NJ</u> State <u>NJ</u> Zip <u>08016</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name <u>MONROE G. MILSTEIN</u> Street Address <u>1830 Route 130 North</u> City <u>Burlington NJ</u> State <u>NJ</u> Zip <u>08016</u>	Director Name <u>ANDREW E. MILSTEIN</u> Street Address <u>1830 Route 130 North</u> City <u>Burlington NJ</u> State <u>NJ</u> Zip <u>08016</u>
Director Name <u>HENRIETTA MILSTEIN</u> Street Address <u>1830 Route 130 North</u> City <u>Burlington NJ</u> State <u>NJ</u> Zip <u>08016</u>	

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>1,000 SHS</u>	<u>\$1.00</u>	<u>Per value</u>	<u>1,000</u>	<u>Common</u>	<u>\$1.00</u>

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

File Date: 3.4.97
 Check No.: 75867
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY

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.

X [Signature] 2-28-97
 Signature of Officer Date
ANDREW MILSTEIN
 Print or Type Name of Officer
V.P. / ASST. SECRETARY / DIRECTOR
 Title of Officer

**PROFIT CORPORATION
ANNUAL REPORT**

219

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 76911 | 2. NAME OF CORPORATION COHOES FASHIONS OF CRANSTON, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1830 ROUTE 130 NORTH % TAX DEPT. | CITY BURLINGTON | STATE N.J. | ZIP CODE 08016

4. BUSINESS PHONE NO. 609-387-7800 | 5. STATE OF INCORPORATION RHODE ISLAND | 6. SIC CODE 3939

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
RETAIL FAMILY APPAREL + ACCESSORY SALES - AT 156 HILLSIDE ROAD CRANSTON, R.I.

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME MONROE G. MILSTEIN	VICE PRESIDENT NAME ANDREW R. MILSTEIN
STREET ADDRESS 1830 ROUTE 130 NORTH	STREET ADDRESS 1830 ROUTE 130 NORTH
CITY BURLINGTON STATE N.J. ZIP CODE 08016	CITY BURLINGTON STATE N.J. ZIP CODE 08016
SECRETARY NAME HENRIETTA MILSTEIN	TREASURER NAME HENRIETTA MILSTEIN
STREET ADDRESS 1830 ROUTE 130 NORTH	STREET ADDRESS 1830 ROUTE 130 N.
CITY BURLINGTON STATE N.J. ZIP CODE 08016	CITY BURLINGTON STATE N.J. ZIP CODE 08016

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME MONROE G. MILSTEIN	DIRECTOR NAME ANDREW R. MILSTEIN
STREET ADDRESS 1830 ROUTE 130 NORTH	STREET ADDRESS 1830 ROUTE 130 N.
CITY BURLINGTON STATE N.J. ZIP CODE 08016	CITY BURLINGTON STATE N.J. ZIP CODE 08016
DIRECTOR NAME HENRIETTA MILSTEIN	DIRECTOR NAME
STREET ADDRESS 1830 ROUTE 130 N.	STREET ADDRESS
CITY BURLINGTON STATE N.J. ZIP CODE 08016	CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS	\$1.00 PAR VALUE		1,000	COMMON	\$ 1.00

This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 3/18/96
Check No: T70696
By: CP

X Signature of Officer MONROE G. MILSTEIN
~~ROBERT LA PENA~~
Print or Type Name of Officer PRES./ C.E.O. 3-14-96
~~CHIEF FINANCIAL OFFICER~~
Title of Officer Date

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING



FILED

FEB 23 1995

MA 61990

ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0078911

1995

Corporate ID: _____ Annual Report for the year: _____

Name of Corporation: COHOES FASHIONS OF CRANSTON, INC.

Business entity organized under the laws of the State of: RHODE ISLAND
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () _____
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
156 HILLSIDE RD.
CRANSTON, R.I. 02920
 Phone: (609) 387-7800

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

RETAIL APPAREL SALES

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>MONROE G. MILSTEIN</u>	<u>1830 ROUTE 130 NORTH</u>	<u>BURLINGTON N.J.</u>	<u>08016</u>
VICE-PRESIDENT <u>HENRIETTA MILSTEIN</u>	<u>✓ ✓ ✓ ✓</u>	<u>✓</u>	<u>✓</u>
SECRETARY <u>HENRIETTA MILSTEIN</u>	<u>✓ ✓ ✓ ✓</u>	<u>✓</u>	<u>✓</u>
TREASURER CHIEF FINANCIAL OFFICER <u>ROBERT L. LA PENTA</u>	<u>✓ ✓ ✓ ✓</u>	<u>✓</u>	<u>✓</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>MONROE G. MILSTEIN</u>	<u>1830 ROUTE 130 NORTH</u>	<u>BURLINGTON N.J.</u>	<u>08016</u>
<u>ANDREW R. MILSTEIN</u>	<u>✓ ✓ ✓ ✓</u>	<u>✓</u>	<u>✓</u>
<u>HENRIETTA MILSTEIN</u>	<u>✓ ✓ ✓ ✓</u>	<u>✓</u>	<u>✓</u>

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares 1,000 Class / Series Common

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares 1,000 Class / Series Common

Date 2.14, 1995

By X R L P

PRINT OR TYPE NAME OF OFFICER SIGNING ROBERT L. LA PENTA
 TITLE OF OFFICER SIGNING CHIEF FINANCIAL OFFICER

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

AL CUCCORELLI
 BURLINGTON COAT FACTORY
 60 NEWPORT AVENUE
 EAST PROVIDENCE RI 02904