

Filing Fee: \$150.00

ID Number: 131870



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

**APPLICATION FOR REGISTRATION
(To Be Filed In Duplicate)**

Pursuant to the provisions of Section 7-16-49 of the General Laws, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

- The name of the limited liability company is:
CASUAL MALE RETAIL STORE, LLC
- The name, if different, under which it proposes to register and transact business in Rhode Island is:

- The limited liability company is organized under the laws of Delaware
- The date of its organization is 12/09/2003
- The period of duration of the limited liability company is (if perpetual, so state) Perpetual
- The address of the limited liability company's resident agent in Rhode Island is:
10 Weybosset Street Providence , RI 02903
(Street Address, not P.O. Box) (City/Town) (Zip Code)
and the name of the resident agent at such address is CT CORPORATION SYSTEM
(Name of Agent)
- The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.
- The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:
1209 Orange Street, Wilmington, DE 19801
- The mailing address for the limited liability company is:
555 Turnpike Street, Canton, MA 02021

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PROVIDENCE, RI

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By Kmc

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10. The limited liability company is to be managed by:

(Check one box only)

its members *or* by one (1) or more managers

11. If the limited liability company has managers at the time of filing this application, please list the name and address of each manager:

<u>Manager</u>	<u>Address</u>
David A. Levin	555 Turnpike Street, Canton, MA 02021
Dennis R. Hemreich	555 Turnpike Street, Canton, MA 02021

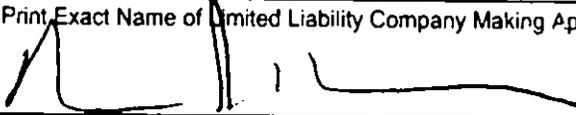
12. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: JANUARY 27, 2004

CASUAL MALE RETAIL STORE, LLC

Print Exact Name of Limited Liability Company Making Application

By  _____

Signature of authorized person

Dennis R. Hemreich

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CASUAL MALE RETAIL STORE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF FEBRUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2919655

DATE: 02-09-04