



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2022
 Corporation

FEB 02 2022

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY [Signature]

1. Entity ID Number 0000 95040		2. Exact name of the Corporation COMPETITOR'S CLOSET, INC.			
3. Principal Office Address 3055 WEST SHORE ROAD		City WARWICK	State RI	Zip 02886	
4. NAICS Code 448120		6. Brief description of the character of business conducted in Rhode Island BUYING, SELLING AND DEALING IN CLOTHING HOSIERY, SHOES, SKATES AND ANY DANCE AND SKATING SPECIALITY			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DIANNE STEIN			Vice-President Name BRUCE STEIN		
Street Address 23 LARKSPUR ROAD			Street Address 23 LARKSPUR ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name DIANNE STEIN			Treasurer Name DIANNE STEIN		
Street Address 23 LARKSPUR ROAD			Street Address 23 LARKSPUR ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This Information is currently of record in the Department of State. 600 Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
		NUMBER OF SHARES 50	CLASS/SERIES CNP	PAR VALUE \$0.0000	
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. <i>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.</i>					
Name of Authorized Representative BRUCE STEIN				Date 1/25/2022	
Signature of Authorized Representative <u>[Signature]</u>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov