



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

FEB 13 2023
BY 7603
RS

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

1. Entity ID Number <u>000095040</u>		2. Exact name of the Corporation <u>COMPETITOR'S CLOSET, INC.</u>	
3. Principal Office Address <u>3055 WEST SHORE ROAD</u>		City <u>WARWICK</u>	State <u>RI</u>
		Zip <u>02886</u>	
4. NAICS Code <u>448120</u>	6. Brief description of the character of business conducted in Rhode Island <u>BUYING, SELLING AND DEALING IN CLOTHING, HOSIERY, SHOES, SKATES AND ANY DANCE AND SKATING SPECIALITY</u>		
5. State of Incorporation <u>RHODE ISLAND</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>DIANNE STEIN</u>		Vice-President Name <u>BRUCE STEIN</u>	
Street Address <u>23 LARKSPUR ROAD</u>		Street Address <u>23 LARKSPUR ROAD</u>	
City <u>WARWICK</u>	State <u>RI</u>	City <u>WARWICK</u>	State <u>RI</u>
	Zip <u>02886</u>		Zip <u>02886</u>
Secretary Name <u>DIANNE STEIN</u>		Treasurer Name <u>DIANNE STEIN</u>	
Street Address <u>23 LARKSPUR ROAD</u>		Street Address <u>23 LARKSPUR ROAD</u>	
City <u>WARWICK</u>	State <u>RI</u>	City <u>WARWICK</u>	State <u>RI</u>
	Zip <u>02886</u>		Zip <u>02886</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. <u>600</u>		NUMBER OF SHARES <u>50</u>	CLASS/SERIES <u>CNP</u>
Changes require an additional filing.			PAR VALUE <u>\$0.0000</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>BRUCE STEIN</u>			Date <u>02/07/2023</u>
Signature of Authorized Representative <u>Bruce Stein</u>			