

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No.	2. Exact name of the limited liability company					
153677	Cliff-Dutton, LLC	Jutton, LLC				
3. State of Formation 4. Brief description of the character of the business which is actually conduct				bode Island	*****	
RI consulting services						
5. Principal office addres			City	State	Ζip	
121 Benevolent Street			Providence	RI	02906	
l .	ESS OF LIMITED LIAB	LITY COMPANY AN	ID NAME OR TITLE OF CONTA	CT PERSON:		
Contact Name			Contact Title	Contact Title		
Clifton Dutton						
Street Address			CHy	State	Zip	
121 Benevolent Street			Providence	RI	02906	
7. NAME AND ADD			ED LIABILITY COMPANY, IF A		LIST MEMBERS	
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)						
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
			.			
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
		<u> </u>				
City	State	Zip	City	State	Ζip	
 8. RESIDENT AGEN	IT IN RHODE ISLAND	 - DO NOT ALTER - 4	Changes require filing of For-	 m 642	I	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes It Agent Name			Address			
Charles H. Boisseau						
Address		***************************************	Gity	276	Zip	
155 South Main Street			'		02903	
100 Oodii i Nidii Oli eel			Providence	102	.000	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

153677

File Date Check No. 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.

Clifton Dutton

Print or Type Name of Authorized Person