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

James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP
PLEASE READ INSTRUCTIONS

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.
86849

2. Name of Corporation
CLIFT'S CUSTOMIZED LANDSCAPING, INC.

3. Street Address Principal Business Office
3391 West Shore Road

City Warwick *State* RI *Zip* 02886

4. Business Phone No.

5. State of Incorporation
Rhode Island

6. SIC Code
6882

7. Brief Description of the Character of Business Conducted in Rhode Island
Landscaping

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

President Name
David M. Clift

Street Address
21 Julian Avenue

City Warwick *State* RI *Zip* 02889

Vice President Name
David M. Clift

Street Address
21 Julian Avenue

City Warwick *State* RI *Zip* 02889

Secretary Name
David M. Clift

Street Address
21 Julian Avenue

City Warwick *State* RI *Zip* 02889

Treasurer Name
David M. Clift

Street Address
21 Julian Avenue

City Warwick *State* RI *Zip* 02889

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

Director Name
David M. Clift

Street Address
21 Julian Avenue

City Warwick *State* RI *Zip* 02889

Director Name

Street Address

City *State* *Zip*

Director Name

Street Address

City *State* *Zip*

Director Name

Street Address

City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
600 SHS	common	no par

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	common	no par

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

[redacted]

FILED

File Date: APR 18 2001

Check No.: By lc 2568

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an that all statements contained herein are true and correct.

Signature of Officer *Date* 3-30-01

David M. Clift
Print or Type Name of Officer

[redacted] President
Title of Officer