



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 02903-1331
401-277-3041



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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 21 Julian Ave City Warwick State RI Zip 02889
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	Vice President Name
David M. Clift	David M. Clift
Street Address	Street Address
21 Julian Ave	21 Julian Ave
City State Zip	City State Zip
Warwick RI 02889	Warwick RI 02889
Secretary Name	Treasurer Name
David M. Clift	David M. Clift
Street Address	Street Address
21 Julian Ave	21 Julian Ave
City State Zip	City State Zip
Warwick RI 02889	Warwick RI 02889

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

Director Name	Director Name
David M. Clift	
Street Address	Street Address
21 Julian Ave	
City State Zip	City State Zip
Warwick RI 02889	
Director Name	Director Name
Street Address	Street Address
City State Zip	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 Trustee

File Date: 3/4/99

Check No.: 1626

By: [Signature]

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.

Signature of Officer

Date

David M. Clift

Print or Type Name of Officer

President

Title of Officer