



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

86849

CLIFT'S CUSTOMIZED LANDSCAPING, INC.

3. Street Address Principal Business Office

City

State

Zip

21 Julian Avenue

Warwick

RI

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 Avenue

21 Julian Avenue

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 Avenue

21 Julian Avenue

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 Avenue

City

State

Zip

City

State

Zip

Warwick RI 02289

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 Trust

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.

File Date: 3/4/98

Check No.: 1311

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Signature of Officer

Date

David M. Clift

Print or Type Name of Officer

President

Title of Officer