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 BEFORE COMPLETING THIS FORM

PROFIT CORPORATION ANNUAL REPORT 1997

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 Avenue

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
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 AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
600	common	no par	100	common	no par

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

[redacted]

File Date: 1/29/97

Check No.: 1006

By: CC

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.

David M Clift 1-21-97
Signature of Officer *Date*

David M. Clift
Print or Type Name of Officer

President
Title of Officer

[redacted]