



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 88083		2. Exact name of the Corporation JIM CLIFT DESIGN, INC.			
3. Principal office address 56 WOOD COVE DRIVE		City COVENTRY	State RI	Zip 02816	
4. Business Phone No. 823-9680		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island MANUFACTURE OF JEWELRY AND SALE AT WHOLESAE AND RETAIL OF JEWELRY AND RELATED PRODUCTS					
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JAMES R. CLIFT			Vice-President Name LYNN F. CLIFT		
Street Address 56 WOOD COVE DRIVE			Street Address 56 WOOD COVE DRIVE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name NYSSA MITCHELL			Treasurer Name NICO SACCOCCIO		
Street Address 54 BUENA VISTA DRIVE			Street Address 40 SHARON DRIVE		
City NORTH KINGSTOWN	State RI	Zip 02852	City COVENTRY	State RI	Zip 02816
LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JAMES R. CLIFT			Director Name LYNN F. CLIFT		
Street Address 56 WOOD COVE DRIVE			Street Address 56 WOOD COVE DRIVE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
0. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			301	COMMON	NO PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date: _____
Checked by: _____
By: _____
FOR SECRETARY OF STATE USE **BY**

FILED
FEB 27 2015

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.

James R. Clift
Signature of Authorized Representative
JAMES R. CLIFT

1/9/15
Date

Print or Type Name of Authorized Representative