



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

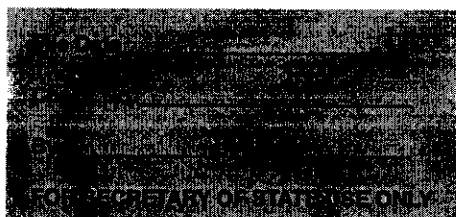
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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 WHOLESALE AND RETAIL OF JEWELRY AND RELATED PRODUCTS								
7. OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT)								
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 NICCO SACCOCCIO					
Street Address 56 BUENA VISTA DRIVE			Street Address 40 SHARON DRIVE					
City NORTH KINGSTOWN	State RI	Zip 02852	City COVENTRY	State RI	Zip 02816			
8. ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT)								
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			
9. SHARES AUTHORIZED						10. SHARES ISSUED (X BOX FOR ATTACHMENT)		
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.



FILED
JUN 20 2016

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 Authorized Representative
JAMES R. CLIFT

Date
1/27/16

Print or Type Name of Authorized Representative

BY

4312

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