



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

FILED

APR 18 2019

BY

Annual Report for the year: **2019**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>8808.3</b>		2. Exact name of the Corporation <b>JIM CLIFT DESIGN, INC.</b>			
3. Principal Office Address <b>56 WOOD COVE DRIVE</b>			City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
4. NAICS Code <b>33-33 MANUFACTURING</b>		6. Brief description of the character of business conducted in Rhode Island <b>MANUFACTURE OF JEWELRY AND SALE AT WHOLESALE AND RETAIL OF JEWELRY AND RELATED</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JAMES R. CLIFT</b>			Vice-President Name <b>LYNN F. CLIFT</b>		
Street Address <b>56 WOOD COVE DRIVE</b>			Street Address <b>56 WOOD COVE DRIVE</b>		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
Secretary Name <b>NYSSA MITCHELL</b>			Treasurer Name <b>NICCO SACCOCCIO</b>		
Street Address <b>56 BUENA VISTA DRIVE</b>			Street Address <b>40 SHARON DRIVE</b>		
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JAMES R. CLIFT</b>			Director Name <b>LYNN F. CLIFT</b>		
Street Address <b>56 WOOD COVE DRIVE</b>			Street Address <b>56 WOOD COVE DRIVE</b>		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
11. 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.					
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.					
Name of Authorized Representative <b>JAMES R. CLIFT</b>					Date <b>2/15/2019</b>
Signature of Authorized Representative <i>James R. Clift</i>					SIGN DOCUMENT HERE