



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 18 2023

BY Sam

1. Entity ID Number <b>000088083</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>31-33 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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align:center">NUMBER OF SHARES</th> <th style="text-align:center">CLASS/SERIES</th> <th style="text-align:center">PAR VALUE</th> </tr> <tr> <td style="text-align:center"><b>301</b></td> <td style="text-align:center"><b>COMMON</b></td> <td style="text-align:center"><b>NO PAR VALUE</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>301</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
<b>301</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>												
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. <i>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.</i>														
Name of Authorized Representative <b>JAMES R. CLIFT</b>				Date <b>2/27/23</b>										
Signature of Authorized Representative 														