



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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

MAR 07 2025



BY 002823

1. Entity ID Number 000088083		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. NAICS Code 339999		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			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an 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 KINGTOWN	State RI	Zip 02852	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an 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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			301 COMMON NO PAR VALU		
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 JAMES R. CLIFT					Date 2/28/2025
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov