

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 2. Name of Corporation 154353 V scape Pro, Inc. 3. Street Address Principal Business Office City West Kingston 11 Echo Lane RI 02892 4. Business Phone No. 5. State of Incorporation 284-2492 Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island Landscaping 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) \Box FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Patrick F. Brennan Kenneth Vellone Street Address Street Address 11 Echo Lane 277 Liberty Church Road West Kingston RI 02892 West Kingston RΙ 02892 Secretary Name Treasurer Name Patrick F. Brennan Patrick F. Brennan Street Address Street Address 11 Echo Lane 11 Echo Lane West Kingston State RΙ Ó2892 West Kingston RI 02892 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Kenneth Veilone Street Address Street Address 277 Liberty Church Road City

Cuy

City

100

Street Address

Number of Shares

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	D
File Date FEB 19 2	2009
Check No.	
FOR SECRETARY (OF STATE USE ONLY

State

RI

State

State. Changes require an additional filing. See Section 9 of

This information is currently of record in the Office of the Secretary of

West Kingston

9. SHARES AUTHORIZED

instruction sheet.

Director Name

Street Address

City

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02892

Under penalty of perjury, I declare and	affirm that I have examined this report,
meluding any accompanying schedules	and statements, and that all statements
contained herein are true and rorrect.	2/16/09
CSignature	Date
Patrick F. Brennan	
Print or Type Name	
President	
Title	

State

State

Class/Series

Common

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Zip

Zip

Par Value

None