



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation2018

STAMP

→ 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 00097205		2. Exact name of the Corporation Xscape, Inc.			
3. Principal Office Address 215 Farm Street			City Woonsocket	State RI	Zip 02895
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Landscaping			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gino Mencarini			Vice-President Name Gino Mencarini		
Street Address 215 Farm Street			Street Address 215 Farm Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Gino Mencarini			Treasurer Name Gino Mencarini		
Street Address 215 Farm Street			Street Address 215 Farm Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
1			.01		
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 Gino Mencarini					Date 12-19-17
Signature of Authorized Representative <i>Gino Mencarini</i>					FILED
					FEB 02 2018

MAIL TO:

Division of Business Services

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FORM 630 - Revised: 10/2017