



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:

2016

## 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>00097205</b>		2. Exact name of the Corporation <b>Xscape, Inc.</b>			
3. Principal Office Address <b>215 Farm Street</b>		City <b>Woonsocket</b>		State <b>RI</b>	Zip <b>02895</b>
4. NAICS Code <b>541730</b>	6. Brief description of the character of business conducted in Rhode Island <b>Landscaping</b>				
5. State of Incorporation <b>RI</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>Gino Mencarini</b>			Vice-President Name <b>Gino Mencarini</b>		
Street Address <b>215 Farm Street</b>			Street Address <b>215 Farm Street</b>		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
Secretary Name <b>Gino Mencarini</b>			Treasurer Name <b>Gino Mencarini</b>		
Street Address <b>215 Farm Street</b>			Street Address <b>215 Farm Street</b>		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</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			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 <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/SERIALS		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 <b>Gino Mencarini</b>					Date <b>12-19-17</b>
Signature of Authorized Representative <i>Gino Mencarini</i>					SIGN DOCUMENT HERE

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

FEB 02 2018

BY 303321

A.A. 11:29 AM

FORM 630 - Revised: 10/2017