



State of Rhode Island and Providence Plantations

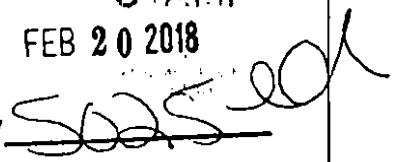
Department of State - Business Services Division

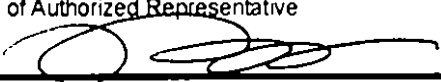
Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1

FILED
STAMP

FEB 20 2018

BY 

1. Entity ID Number 154353		2. Exact name of the Corporation VSCAPE PRO, INC.												
3. Principal Office Address 11 ECHO LANE			City WEST KINGSTON	State RI	Zip 02892									
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island LANDSCAPING												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name PATRICK F. BRENNAN			Vice-President Name PATRICK F. BRENNAN											
Street Address 11 ECHO LANE			Street Address 11 ECHO LANE											
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892									
Secretary Name PATRICK F. BRENNAN			Treasurer Name PATRICK F. BRENNAN											
Street Address 11 ECHO LANE			Street Address 11 ECHO LANE											
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name PATRICK F. BRENNAN			Director Name											
Street Address 11 ECHO LANE			Street Address											
City WEST KINGSTON	State RI	Zip 02892	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 ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS OF SHARES</th> <th>PAR VALUE</th> </tr> <tr> <td>100</td> <td>COMMON</td> <td>NONE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				NUMBER OF SHARES	CLASS OF SHARES	PAR VALUE	100	COMMON	NONE			
		NUMBER OF SHARES	CLASS OF SHARES	PAR VALUE										
		100	COMMON	NONE										
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 PATRICK F. BRENNAN, PRESIDENT					Date 2/2/18									
Signature of Authorized Representative  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