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	2. Exact name of the Corporation		
154353	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.	NUMBER OF SHARES	CLASS OF SHARES	PAR VALUE
Changes require an additional filing.	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	Date
PATRICK F. BRENNAN, PRESIDENT	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

FORM 630 - Revised: 10/2017