



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2018**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 96146		2. Exact name of the Corporation Allscapes Landscaping, Incl (561730)			
3. Principal office address PO Box 322			City N. Kingstown	State RI	Zip 02852
4. Business Phone No. 401/294-3725			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Residential & commercial landscape services, lawn & tree care, grounds maintenance, and plowing.					
7. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Shon C. Cuthill			Vice-President Name Shon C. Cuthill		
Street Address 354 South County Trail			Street Address 354 South County Trail		
City Exeter	State RI	Zip 02882	City Exeter	State RI	Zip 02882
Secretary Name Shon C. Cuthill			Treasurer Name Shon C. Cuthill		
Street Address 354 South County Trail			Street Address 354 South County Trail		
City Exeter	State RI	Zip 02882	City Exeter	State RI	Zip 02882
8. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Shon C. Cuthill			Director Name		
Street Address 354 South County Trail			Street Address		
City Exeter	State RI	Zip 02882	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	no par value

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 Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

FILED
APR 02 2018

Shon C. Cuthill
Signature of Authorized Representative

3/27/18
Date

Shon C. Cuthill, President

Print or Type Name of Authorized Representative