RI SOS Filing Number: 202037147860 Date: 4/2/2020 4:00:00 PM

State of Rhode Island an	nd Providence P	lantations			_		
Department of St			Division		FILE)	
Annual Report for the ye			1124-	51A			
Corporation		APR 0 2 2020					
→ Filing period: January 1 - I		1012 05					
→ Filing Fee: \$50.00		BY_	(0)	<u>//2 (/) </u>			
→ Penalty: Additional \$25.00	tee it form is no	ot filed by April 1.		,			
1. Entity ID Number	2. Exact name of the Corporation						
154353	V scape I	Pro, Inc.					
3. Principal Office Address			City		State	Zip	
11 ECHO LANE			WEST KIN	GSTON	RI	02892	
4. NAICS Code	6. Brief descri	6. Brief description of the character of business conducted					
561730	LANDSCAP	ING SERVICES.					
5. State of Incorporation	1						
RHODE ISLAND							
7. List ALL officers (names and ad	dresses)			Check	k the box to	indicate an attachment	
President Name PATRICK F. BRENNAN			Vice-Presider	Vice-President Name PATRICK F. BRENNAN			
Street Address 11 ECHO LANE			Street Addres	Street Address 11 ECHO LANE			
City WEST KINGSTON	State RI	Zip 02892	City WEST		State RI	Zip 02892	
Secretary Name PATRICK F. BREN	Treasurer Na	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	
List ALL directors (names and a Director Name			Disputes Name		the box to	indicate an attachment	
PATRICK F. BRENNAN			Director Nam	Director Name			
Street Address 11 ECHO LANE			Street Addres	Street Address			
City WEST KINGSTON	State RI	Zip 02892	City	City		Zip	
Director Name			Director Name	Director Name			
Street Address			Street Addres	Street Address			
City	State	Zip	City		State	Zip	
9. Shares Authorized	·	10. Shares Iss		Check	the box to i	ndicate an attachment	
This Information is currently of record in the Department of State. Changes require an additional filling.		NUVBER O	F SHARES	CI ASS/SERIES PAR VALUE			
		100		COMMON		NONE	
11 This report must be executed o	n behalf of the	compration by an	authorized ropes	sentative If the as	oration to the	the hands of a second	
trustee, this report must be execute	<u>ed on behalf of t</u>	he corporation by	the receiver or to	rustee.			
Under penalty of perjury, I declar statements, and that all statements.	re and affirm th nts contained i	at I have examin	ed this report, i	ncluding any accor	npanying s	chedules and	
statements, and that all statements contained herein are true and co Name of Authorized Representative					Date		
PATRICK F. BRENNAN, PRESIDENT						25/2020	
Signature of Authorized Represent	ative	SIGN DO	CLAIENT HERE				

Pivision of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov