



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2020**
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

APR 02 2020

BY 6013 OS

1. Entity ID Number 154353		2. Exact name of the Corporation V scape 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 SERVICES.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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 3/25/2020
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					