RI SOS Filing Number: 202190169770 Date: 2/3/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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 03 2021
2500

1. Entity ID Number	2. Exact name of the Corporation		
000123504	Woodscapes, inc.		
3. Principal Office Address	City	State	Zip
106 Huntinghouse Rd.	North Scituate	RI	02857
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
561730	landscape design, install & maintain		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Tysh T. McGrail	Daniel J. McGrail
Street Address	Street Address
106 Huntinghouse Rd.	106 Huntinghouse Rd.
City / State / Zip	City / State / Zip
No. Scituate / RI / 02857	No. Scituate / RI / 02857
Secretary Name	Treasurer Name
Daniel J McGrail	Tysh T. McGrail
Street Address	Street Address
106 Huntinghouse Rd	106 Huntinghouse Rd
City / State / Zip	City / State / Zip
No. Scituate / RI / 02857	No. Scituate / RI / 02857

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
None	
Street Address	Street Address
City / State / Zip	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/SERIES	PAR VALUE
Changes require an additional filing.	200	STK	$1.000

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
Tysh T. McGrail	1.28.2021
Signature of Authorized Representative	

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: 08/2020