



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAY 24 2023
BY 2381 DS

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|--|--------------------|--|---|--------------------|--|--|--|
| 1. Entry ID Number 96146 | | 2. Exact name of the Corporation Allscapes Landscaping, Inc. | | | | | |
| 3. Principal Office Address PO Box 322 | | | City N. Kingstown | State RI | Zip 02852 | | |
| 4. NAICS Code 561730 | | 6. Brief description of the character of business conducted in Rhode Island Residential & Commercial landscape services, lawn & tree care, grounds maintenance, and plowing. | | | | | |
| 5. State of Incorporation RI | | | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> | | |
| 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 ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> | | |
| 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 | | | | 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 | |
| | | 100 | | common | | no par value | |
| | | | | | | | |
| 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 Shon C. Cuthill, President | | | | | Date 5/16/23 | | |
| Signature of Authorized Representative <i>Shon Cuthill</i> | | | | | | | |

MAIL TO:
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