



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

STAMP

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:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov