



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 110477		2. Exact name of the Corporation Oatley's Restaurant, Inc.			
3. Principal office address 1717 Ten Rod Road		City North Kignstown		State RI	Zip 02852
4. Business Phone No. 401-295-5126		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island FOR THE OPERATION OF A FAMILY STYLE RESTAURANT AND WHOLESALE FOOD BUSINESS.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name VAUGHN OATLEY			Vice-President Name VAUGHN OATLEY		
Street Address 70C North Road			Street Address same		
City Shannock	State RI	Zip 02875	City	State	Zip
Secretary Name VAUGHN OATLEY			Treasurer Name VAUGHN OATLEY		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name VAUGHN OATLEY			Director Name NONE		
Street Address same			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			50	COMMON	NO PAR

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.

Signature of Authorized Representative

Date

VAUGHN OATLEY, PRESIDENT

Print or Type Name of Authorized Representative

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 04 2015

BY