



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.

**STAMP**  
 FOR SECRETARY OF STATE USE ONLY  
 MAR 09 2021  
 BY 20701

1. Entity ID Number 000088142		2. Exact name of the Corporation Oceanscape Landscape Services, Inc.			
3. Principal Office Address 604 Pendar Road		City North Kingstown		State RI	Zip 02852
4. NAICS Code 561730 - Landscaping Serv		6. Brief description of the character of business conducted in Rhode Island To engage in the business of landscaping			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Kimberly Ann Eddleston			Vice-President Name Kimberly Ann Eddleston		
Street Address 604 Pendar Road			Street Address 604 Pendar Road		
City North Kingstown		State RI	Zip 02852	City North Kingstown	
State RI		Zip 02852	State RI		Zip 02852
Secretary Name Kimberly Ann Eddleston			Treasurer Name Kimberly Ann Eddleston		
Street Address 604 Pendar Road			Street Address 604 Pendar Road		
City North Kingstown		State RI	Zip 02852	City North Kingstown	
State RI		Zip 02852	State RI		Zip 02852
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Kimberly Ann Eddleston			Director Name NONE		
Street Address 604 Pendar Road			Street Address		
City North Kingstown		State RI	Zip 02852	City	
State RI		Zip 02852	State		Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	State		Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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
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.					
<b>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.</b>					
Name of Authorized Representative Kimberly Ann Eddleston				Date 3-1-2021	
Signature of Authorized Representative 					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov