



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

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

FEB 23 2024

BY 11129
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1. Entity ID Number 001711948		2. Exact name of the Corporation Oatley's Hill Farm, Inc.			
3. Principal Office Address 70C North Road		City Shannock		State RI	Zip 02875
4. NAICS Code 561730	6. Brief description of the character of business conducted in Rhode Island FOR THE PURPOSES OF EXCAVATION AND LANDSCAPING.				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name VAUGHN OATLEY			Vice-President Name VAUGHN OATLEY		
Street Address 70 C NORTH ROAD			Street Address SAME		
City SHANNOCK	State RI	Zip 02875	City	State	Zip
Secretary Name VAUGHN OATLEY			Treasurer Name VAUGHN OATLEY		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name VAUGHN OATLEY			Director Name NONE		
Street Address 70C NORTH ROAD			Street Address		
City SHANNOCK	State RI	Zip 02875	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		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. 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 VAUGHN OATLEY				Date 2/21/2024	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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