



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2025  
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  
MAR 18 2025  
BY 0434

1. Entity ID Number <b>001711948</b>		2. Exact name of the Corporation <b>Oatley's Hill Farm, Inc.</b>												
3. Principal Office Address <b>70C North Road</b>			City <b>Shannock</b>	State <b>RI</b>	Zip <b>02875</b>									
4. NAICS Code <b>561730</b>		6. Brief description of the character of business conducted in Rhode Island  <b>FOR THE PURPOSES OF EXCAVATION AND LANDSCAPING.</b>												
5. State of Incorporation <b>RHODE ISLAND</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>VAUGHN OATLEY</b>			Vice-President Name <b>VAUGHN OATLEY</b>											
Street Address <b>70 C NORTH ROAD</b>			Street Address <b>SAME</b>											
City <b>SHANNOCK</b>	State <b>RI</b>	Zip <b>02875</b>	City	State	Zip									
Secretary Name <b>VAUGHN OATLEY</b>			Treasurer Name <b>VAUGHN OATLEY</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>VAUGHN OATLEY</b>			Director Name <b>NONE</b>											
Street Address <b>70C NORTH ROAD</b>			Street Address											
City <b>SHANNOCK</b>	State <b>RI</b>	Zip <b>02875</b>	City	State	Zip									
Director Name <b>NONE</b>			Director Name <b>NONE</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares issued <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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>100</b></td> <td><b>COMMON</b></td> <td><b>NO PAR</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>COMMON</b>	<b>NO PAR</b>			
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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 <b>VAUGHN OATLEY</b>				Date <b>1/31/2025</b>										
Signature of Authorized Representative 														

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov