RI SOS Filing Number: 202567712280 Date: 3/18/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

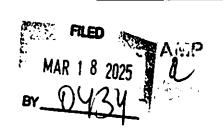
Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31



| Entity ID Number | 2. Exact name of the Corporation | | | | | | |
|---|-----------------------------------|---|------------------------------|--------|--|----------------------------|--|
| 001711948 | | Oatley's Hill Farm, Inc. | | | | | |
| 3. Principal Office Address | | | City | | State | Zip | |
| 70C North Road | | | Shannoo | ck | RI | 02875 | |
| 4. NAICS Code | 6. Brief desc | 6. Brief description of the character of business conducted in Rhode Island | | | | | |
| 561730 | | | | | | | |
| 5. State of Incorporation RHODE ISLAND | FOR THE | FOR THE PURPOSES OF EXCAVATION AND LANDSCAPING. | | | | | |
| 7. List ALL officers (names and ad | tdresses) | | | Check | the hox to | indicate an attachment 🔲 | |
| President Name VAUGHN OA | Vice-President Name VAUGHN OATLEY | | | | | | |
| Street Address 70 C NORTH 1 | Street Address SAME | | | | | | |
| City SHANNOCK | State RI | ^{Z₁p} 02875 | City | | State | Zip | |
| Secretary Name VAUGHN OATLEY | | | Treasurer Name VAUGHN OATLEY | | | | |
| Street Address | | | Street Address | | | | |
| City | Stale | Zip | City | | State | Zıp | |
| 8. List ALL directors (names and | | | | Check | the box to | indicate an attachment | |
| Director Name VAUGHN OATLEY | | | Director Name NONE | | | | |
| Street Address 70C NORTH ROAD | | | Street Address | | | | |
| ^{City} SHANNOCK | State RI | ^{Z_{ip}} 02875 | City | | State | Zip | |
| Director Name NONE | | | Director Name NONE | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zıp | City | | State | Zıp | |
| 9. Shares Authorized | | | 10. Shares issued | | Check the box to indicate an attachment CLASS/SERIFS PAR VALUE | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF | SHARES | COMMON | <u> </u> | | |
| | | | | - | . <u>-</u> | | |
| 11. This report must be executed | | | | | oration 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 statem | | | | | | | |
| Name of Authorized Representative | | | | | | | |
| VAUGHN OATLEY U/31/2025 | | | | | | | |
| Signature of Authorized Represer | Tative The | 7 | | | | | |

MAIL TO:
Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov