



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 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 | | 10. Shares issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| 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. 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 1/31/2025 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021