

State of Rhode Island

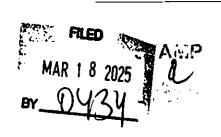
Department of State - Business Services Division

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.



| 1. 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 | | | Shannock | | RI | 02875 |
| 4. NAICS Code | 6. Brief description | on of the characte | r of business co | onducted in Rhode Isl | and | |
| 561730 | | | | | | |
| 5. State of Incorporation | FOR THE PURPOSES OF EXCAVATION AND LANDSCAPING. | | | | | |
| RHODE ISLAND | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment L | | | | | | |
| President Name VAUGHN OATLEY | | | Vice-President Name VAUGHN OATLEY | | | |
| Street Address 70 C NORTH ROAD | | | Street Address SAME | | | |
| ^{City} SHANNOCK | State RI | ^{Zıp} 02875 | City | · <u>-</u> | 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 addresses) 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 | ^{Zıp} 02875 | City | | State | Zip |
| Director Name NONE | | | Director Name NONE | | | |
| Street Address | | | Street Address | | | |
| City | State | Zıp | City | | State | Zıp |
| 9. Shares Authorized 10. Share | | 10. Shares issue | ssued Check the box to indicate an attachment | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIFS 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 Date | | | | | | |
| VAUGHN OATLEY U/31/2025 | | | | | | |
| Signature of Authorized Representative | | | | | | |

MAIL TO: MAIL TO:
Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov