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.

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BUSINESS SERVICES
MAY 19 P 3:54

1. Entity ID Number	2. Exact name of the Corporation		
000088142	Oceanscape Landscape Services, Inc.		
3. Principal Office Address	City	State	Zip
604 Pendar Road	North Kingston	RI	02852
4. NAICS Code: 561730	6. Brief description of the character of business conducted in Rhode Island: To engage in the business of landscaping		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Kimberly Ann Eddleston			Vice-President Name: Kimberly Ann Eddleston		
Street Address: 604 Pendar Road			Street Address: 604 Pendar Road		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852
Secretary Name: Kimberly Ann Eddleston			Treasurer Name: Kimberly Ann Eddleston		
Street Address: 604 Pendar Road			Street Address: 604 Pendar Road		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Kimberly Ann Eddleston			Director Name: None		
Street Address: 604 Pendar Road			Street Address:		
City: North Kingstown	State: RI	Zip: 02852	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 ☐

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	Date
Kimberly Ann Eddleston	4-21-2025

Signature of Authorized Representative: Kim Eddleston

FILED
MAY 19 2025
BY 228720

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023