



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 85341		2. Exact name of the Corporation OMNICOM TECHNOLOGIES, INC.			
3. Principal Office Address 150 Lavan Street			City Warwick	State RI	Zip 02888
4. NAICS Code 541511		5. Brief description of the character of business conducted in Rhode Island The development, marketing, sale and servicing of computer software, hardware and related items			
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 Colin P. Barry			Vice-President Name Colin P. Barry		
Street Address 150 Lavan Street			Street Address 150 Lavan Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Colin P. Barry			Treasurer Name Colin P. Barry		
Street Address 150 Lavan Street			Street Address 150 Lavan Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Colin P. Barry			Director Name Colin P. Barry		
Street Address 150 Lavan Street			Street Address 150 Lavan Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
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
			200	Common	\$.01
			None	None	None
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 Colin P. Barry				Date 3.15.18	
Signature of Authorized Representative <i>Colin P. Barry</i> FILED					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2215
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAR 20 2018

BY **326993**
A.A.

FORM 630 - Revised: 10/2016