



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

APR 26 2023

STAMP

FOR SECRETARY OF STATE
 USE ONLY

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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1. Entity ID Number 85341		2. Exact name of the Corporation OMNICOM TECHNOLOGIES, INC.			
3. Principal Office Address 40 Hammond Hill Road		City North Kingstown		State RI	Zip 02874
4. NAICS Code 541511		6. 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 Cara Barry			Vice-President Name Cara Barry		
Street Address 40 Hammond Hill Road			Street Address 40 Hammond Hill Road		
City North Kingstown	State RI	Zip 02874	City North Kingstown	State RI	Zip 02874
Secretary Name Cara Barry			Treasurer Name Cara Barry		
Street Address 40 Hammond Hill Road			Street Address 40 Hammond Hill Road		
City North Kingstown	State RI	Zip 02874	City North Kingstown	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Cara Barry			Director Name		
Street Address 40 Hammond Hill Road			Street Address		
City North Kingstown	State RI	Zip 02874	City	State	Zip
Director Name Colin P. Barry			Director Name		
Street Address None			Street Address		
City None	State None	Zip None	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
		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. <i>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.</i>					
Name of Authorized Representative Cara Barry					Date
Signature of Authorized Representative 					SIGN DOCUMENT HERE