



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Corporation

2024

REC'D RIDOS BSD
24 JAN 22 PM 2:42:11

- 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 00681667		2. Exact name of the Corporation Octo Product Development Inc.			
3. Principal Office Address 1 Sims, Unit 201			City Providence	State RI	Zip 02909
4. NAICS Code 71510		6. Brief description of the character of business conducted in Rhode Island Contracted design and engineering			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Justin Sirotn			Vice-President Name		
Street Address 34 Green Lane			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
Secretary Name Justin Sirotn			Treasurer Name Justin Sirotn		
Street Address 34 Green Lane			Street Address 34 Green Lane		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Justin Sirotn			Director Name		
Street Address 34 Green Lane			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
Director Name			Director Name		
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.		NUMBER OF SHARES		CLASS/SERIES	
Changes require an additional filing.		1,000		CWP	
				PAR VALUE	
				1.00	
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 JAN/17/2024
Signature of Authorized Representative 					FILED 2/14

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

JAN 23 2024

By

R. G. P. S.

BS