



State of Rhode Island
Department of State - Business Services Division

FILED

STAMP

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 27 2024

BY

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1. Entity ID Number 001728900		2. Exact name of the Corporation Open Ocean, Inc.			
3. Principal Office Address 4 J H Dwyer Road		City Middletown		State RI	Zip 02842
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island Private equity consulting.			
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 Jacob Varteresian			Vice-President Name Caroline Varteresian		
Street Address 4 J H Dwyer Road			Street Address 4 J H Dwyer Road		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Jacob Varteresian			Treasurer Name Jacob Varteresian		
Street Address 4 J H Dwyer Road			Street Address 4 J H Dwyer Road		
City Middletown	State	Zip	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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
		2.000.00		CNP	0.00
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 X Jacob Varteresian				Date X 3/22/24	
Signature of Authorized Representative X Jan V...					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630- Revised 12/2023