RI SOS Filing Number: 202566652820 Date: 3/4/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
STAMP
MAR 04 2025
BY

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.

1. Entity ID Number	2. Exact name of the Corporation		
001728900	Open Ocean, Inc.		
3. Principal Office Address	City	State	Zip
4 J H Dwyer Road	Middletown	RI	02842
4. NAICS Code: 541611	6. Bnef 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 ☐

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 ☐

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	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
	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	Date
Jacob Varteresian	2/28/25

Signature of Authorized Representative

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