RI SOS Filing Number: 202569639080 Date: 4/9/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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.

FILED
APR 08 2025
BY 1004

1. Entity ID Number	2. Exact name of the Corporation			
001659907	OT Works, Inc.			
3. Principal Office Address		City	State	Zip
9 ANTHONY ST.		NEWPORT	RI	02840
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541618	CONSULTING SERVICES			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
NOBUYUKI SATO			CHIZURU OTSUKA		
Street Address			Street Address		
28 Liberty Street, 6th Floor			9 ANTHONY ST.		
City	State	Zip	City	State	Zip
New York	NY	10005	NEWPORT	RI	02840
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000	CNP	0.0000

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
CHIZURU OTSUKA	4/1/2025
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