



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 118460		2. Exact name of the Corporation Overdrive Solutions, Inc			
3. Principal office address 125 Fry Pond Road		City West Greenwich	State RI	Zip 02817	
4. Business Phone No. 855-768-7378		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Software and computer programming & consulting services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jeffrey Dallas		Vice-President Name Paul Proulx			
Street Address 125 Fry Pond Road		Street Address 90 Sheffield Hill Road			
City West Greenwich	State RI	Zip 02817	City Exeter	State RI	Zip 02822
Secretary Name Jeffrey Dallas		Treasurer Name Paul Proulx			
Street Address 125 Fry Pond Road		Street Address 90 Sheffield Hill Road			
City West Greenwich	State RI	Zip 02817	City Exeter	State RI	Zip 02822
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	no par

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.

File Date _____

Check No _____

By: _____

FILED
 JAN 13 2016

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.

Paul Proulx **01/01/2016**
 Signature of Authorized Representative Date

Paul Proulx
 Print or Type Name of Authorized Representative

BY *[Signature]*
 BY _____