



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

APR 09 2018

BY 1303Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>1027220</u>		2. Exact name of the Corporation <u>Oliver Consulting Inc.</u>			
3. Principal Office Address <u>2 Thomas St # 600</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02903</u>
4. NAICS Code <u>641519</u>		6. Brief description of the character of business conducted in Rhode Island <u>technology consulting</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Monica Oliver</u>			Vice-President Name		
Street Address <u>2 Thomas St # 600</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	City	State	Zip
Secretary Name <u>Monica Oliver</u>			Treasurer Name <u>Monica Oliver</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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			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		
Changes require an additional filing.			CLASS/SERIES		
			PAR VALUE		
			<u>100</u>		
			<u>Common</u>		
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 <u>Monica Oliver</u>					Date <u>4/3/2018</u>
Signature of Authorized Representative <u>m Oliver</u>					

MAIL TO:

Division of Business Services

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