



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2024
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

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1. Entity ID Number 001718297		2. Exact name of the Corporation OVERFLOW INC			
3. Principal Office Address 30 DONELSON STREET		City PROVIDENCE		State RI	Zip 02908
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island INDEPENDENT CONTRACTOR			
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 AFOGARIN OLOYEDE			Vice-President Name NONE		
Street Address 63 SAMUEL AVENUE			Street Address NONE		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name AFOGARIN OLOYEDE			Director Name NONE		
Street Address 63 SAMUEL AVENUE			Street Address NONE		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100-00		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 AFOGARIN OLOYEDE					Date 11/8/23
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

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 BY ML XEC 87
 FORM 630 - Revised: 10/2017