



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2023
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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1. Entity ID Number <u>001718297</u>		2. Exact name of the Corporation <u>OVERFLOW INC</u>	
3. Principal Office Address <u>30 DONELSON AVENUE</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
		Zip <u>02908</u>	
4. NAICS Code <u>236115</u>	6. Brief description of the character of business conducted in Rhode Island <u>INDEPENDENT CONTRACTOR</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>AFOLARIN OLOYEDG</u>		Vice-President Name <u>NONE</u>	
Street Address <u>63 SAMUEL AVENUE</u>		Street Address <u>NONE</u>	
City <u>PAWTHUCKET</u>	State <u>RI</u>	City <u>NONE</u>	State <u>NONE</u>
Zip <u>02860</u>		Zip <u>NONE</u>	
Secretary Name <u>NONE</u>		Treasurer Name <u>NONE</u>	
Street Address <u>NONE</u>		Street Address <u>NONE</u>	
City <u>NONE</u>	State <u>NONE</u>	City <u>NONE</u>	State <u>NONE</u>
Zip <u>NONE</u>		Zip <u>NONE</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>AFOLARIN OLOYEDG</u>		Director Name <u>NONE</u>	
Street Address <u>63 SAMUEL AVENUE</u>		Street Address <u>NONE</u>	
City <u>PAWTHUCKET</u>	State <u>RI</u>	City <u>NONE</u>	State <u>NONE</u>
Zip <u>02860</u>		Zip <u>NONE</u>	
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address <u>NONE</u>		Street Address <u>NONE</u>	
City <u>NONE</u>	State <u>NONE</u>	City <u>NONE</u>	State <u>NONE</u>
Zip <u>NONE</u>		Zip <u>NONE</u>	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>100.00</u>	CLASS/SERIES <u>CNP</u>
		PAR VALUE <u>\$0.0000</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>AFOLARIN OLOYEDG</u>		Date <u>11/8/23</u>	
Signature of Authorized Representative <u>[Signature]</u>			

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 XEROX FORM 630 - Revised: 10/2017

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