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

STAMP

Annual Report for the year: 2022
 Corporation

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

- 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 001718297		2. Exact name of the Corporation OVERFLOW INC	
3. Principal Office Address 30 Donelson Street		City Providence	State RI
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 AFOELARIN OLOYEDB		Vice-President Name NONE	
Street Address 63 SAMUEL AVENUE		Street Address NONE	
City PAWTEEKET	State RI	Zip 02860	City NONE
Secretary Name NONE		Treasurer Name NONE	
Street Address NONE		Street Address NONE	
City NONE	State	Zip	City NONE
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name AFOELARIN OLOYEDB		Director Name NONE	
Street Address 63 SAMUEL AVENUE		Street Address NONE	
City PAWTEEKET	State RI	Zip 02860	City NONE
Director Name NONE		Director Name NONE	
Street Address NONE		Street Address NONE	
City NONE	State	Zip	City
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/SERIFS
		100.00	CNP
		PAR VALUE	40.0000
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 AFOELARIN OLOYEDB		Date 11/8/23	
Signature of Authorized Representative <i>[Signature]</i>		SIGN DOCUMENT HERE	

FILED

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

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 BY ML XEC87 FORM 630 - Revised: 10/2017

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