



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

Annual Report for the year: 2022
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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STAMP

1. Entity ID Number <u>001718297</u>		2. Exact name of the Corporation <u>Overflow INC</u>	
3. Principal Office Address <u>30 Donelson street</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) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <u>Afolarin Oloyede</u>		Vice-President Name <u>NONE</u>	
Street Address <u>63 Samuel Avenue</u>		Street Address <u>NONE</u>	
City <u>PAWTECKET</u>	State <u>RI</u>	Zip <u>02860</u>	City <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>	Zip <u>NONE</u>	City <u>NONE</u>
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <u>Afolarin Oloyede</u>		Director Name <u>NONE</u>	
Street Address <u>63 Samuel Avenue</u>		Street Address <u>NONE</u>	
City <u>PAWTECKET</u>	State <u>RI</u>	Zip <u>02860</u>	City <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>	Zip <u>NONE</u>	City <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 <input type="checkbox"/> Check the box to indicate an attachment	
		NUMBER OF SHARES <u>100.00</u>	CLASS/SERIES <u>CNP</u>
		PAR VALUE <u>40.0000</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 Oloyede</u>			Date <u>11/8/23</u>
Signature of Authorized Representative <u>[Signature]</u>			
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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