RI SOS Filing	Number: 20	2446494490	Date: 2/7	7/2024 4:00:00 P	'М <u></u>		
State of Rhode Isla Department of S	State - Busin	ness Services	Division		FIL	ED	
Annual Report for the year:	_		FEB 07 2024				
Corporation  → Filing period: February 1							
Filing Fee: \$50.00						[D)	
→ Penalty: Additional \$25.0							
1. Entity ID Number		2. Exact name of the Corporation					
118460	Overdriv	Overdrive Solutions, Inc					
3. Principal Office Address			City		State	Zip	
176 Ridge Drive			Exeter	Γ	RI	02822	
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island					
541519	Software,	Software, computer programming & consulting					
5. State of Incorporation	7						
Rhode Island							
7. List ALL officers (names and a	addresses)			Check the	e box to indicate a	an attachment 🔲	
President Name Jeffrey Dallas			Vice-President Name Paul Proulx				
Street Address 475 Green End Ave			Street Address 176 Ridge Drive				
<sup>City</sup> Middletown	State RI	Zip 02842	City Exe	ter	State RI	<sup>Zip</sup> 02822	
Secretary Name Jeffrey Dallas			Treasurer Name Paul Proulx				
Street Address 475 Green End Ave			Street Add	Street Address 176 Rdige Drive			
<sup>City</sup> Middletown	State RI	<sup>Zip</sup> 02842	City Exeter		State RI	<sup>Zip</sup> 02822	
<ol><li>List ALL directors (names and</li></ol>	addresses)			Check the	box to indicate	an attachment 🔲	
Director Name			Director N	ame			
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
Director Name	irector Name			Director Name			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issu				an attachment 🔲	
This information is currently of re Department of State.	This information is currently of record in the Department of State.		F SHARES	common		par value	
Changes require an additional filing.							
11. This report must be executed ceiver or trustee, this report mus					rporation is in the	a hands of a re-	
Under penalty of perjury, I dec	clare and affirm (	that I have examine	ed this repo		ompanying sch	edules and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date							
Paul Proulx					Feb 1, 2024		
Signature of Authorized Represe	entative						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone**: (401) 222-3040

Website: www.sos.ri.gov