



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

STAMP

APR 21 2023

BY 14260

19

1. Entity ID Number 001018650		2. Exact name of the Corporation Navilogue, Inc			
3. Principal Office Address 245 Waterman Street Suite 502			City Providence	State RI	Zip 02906
4. NAICS Code 561510		6. Brief description of the character of business conducted in Rhode Island Communications & management for travel organizations			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen K. Wellmeier			Vice-President Name		
Street Address 75 Blackstone Blvd			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Stephen K. Wellmeier			Treasurer Name Stephen K. Wellmeier		
Street Address 75 Blackstone Blvd			Street Address 75 Blackstone Blvd		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephen K. Wellmeier			Director Name		
Street Address 75 Blackstone Blvd			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 600	CLASS/SERIES Stock	PAR VALUE \$0.01
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 Stephen K. Wellmeier				Date 3/31/23	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov