RI SOS Filing Number: 202447367810 Date: 2/26/2024 3:06:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD '24 FEB 26 PM3:03:32

1. Entity ID Number	2. Exact name of the Corporation			
001745423	Navrei Inc			
3. Principal Office Address		City	State	Zip
225 DYER ST		PROVIDENCE	RI	02903
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541613	Primarily engaged in providing operating advice and assistance to businesses and other organizations on marketing issues, such as developing marketing objectives and policies			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: LOVEREI PAGLINGAYEN			Vice-President Name: LOVEREI PAGLINGAYEN		
Street Address: 225 DYER ST			Street Address: 225 DYER ST		
City: PROVIDENCE	State: RI	Zip: 02903	City: PROVIDENCE	State: RI	Zip: 02903
Secretary Name: LOVEREI PAGLINGAYEN			Treasurer Name: LOVEREI PAGLINGAYEN		
Street Address: 225 DYER ST			Street Address: 225 DYER ST		
City: PROVIDENCE	State: RI	Zip: 02903	City: PROVIDENCE	State: RI	Zip: 02903

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: LOVEREI PAGLINGAYEN			Director Name: NONE		
Street Address: 225 DYER ST			Street Address: NONE		
City: PROVIDENCE	State: RI	Zip: 02903	City: NONE	State: NONE	Zip: NONE
Director Name: NONE			Director Name: NONE		
Street Address: NONE			Street Address: NONE		
City: NONE	State: NONE	Zip: NONE	City: NONE	State: NONE	Zip: NONE

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1	STK	$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	Date
LOVEREI PAGLINGAYEN	2/21/2024

Signature of Authorized Representative

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

3:06 FEB 26 2024 BY

FORM 630- Revised: 04/2023