RI SOS Filing Number: 202447368150 Date: 2/26/2024 3:04:00 PM

**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.

RECD RIDOS '24 FEB 26 PM3:03:05

| 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**

**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 ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 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
FEB 26 2024
BY ML GWDØA
3:04

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

FORM 630- Revised: 04/2023