



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corp
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2025

1. Corporate ID No. 001743829

2. Name of Corporation Naven Health, Inc.

3. Street Address Principal Business Office:

No. and Street: 1626 BARBER RD
SUITE B

City or Town: SARASOTA State: FL Zip: 34240 Country: USA

5. State of Incorporation

State: FL

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

561320

6. Brief Description of the Character of Business Conducted in Rhode Island

TEMPORARY NURSING STAFFING AGENCY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

PRESIDENT	MEENAL SETHNA	3000 LAKESIDE DR., SUITE 300N BANNOCKBURN, IL 60015 USA
TREASURER	MEENAL SETHNA	3000 LAKESIDE DR., SUITE 300N BANNOCKBURN, IL 60015 USA
SECRETARY	COLLIN SMYSER	SUITE 300N 3000 LAKESIDE DRIVE BANNOCKBURN, IL 60015 USA
DIRECTOR	MEENAL SETHNA	3000 LAKESIDE DR., SUITE 300N BANNOCKBURN, IL 60015 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0010	3,000.00	0

9. 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.

Signed this 29 Day of September, 2025 at 4:27:13 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By COLLIN SMYSER
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2025 State of Rhode Island
All Rights Reserved