



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 115238		2. Exact name of the Corporation NIMBLE LTD.			
3. Principal office address 1039 Cass Avenue			City Woonsocket	State RI	Zip 02895
4. Business Phone No. 401 356-0523		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Operate a restaurant					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Daniel Nelligan			Vice-President Name Cheri L. Nelligan		
Street Address 21 Muron Avenue			Street Address 197 Eighth Avenue		
City Bellingham	State MA	Zip 02019	Woonsocket	RI	02895
Secretary Name Daniel Nelligan			Treasurer Name Daniel Nelligan		
Street Address 21 Muron Avenue			Street Address 21 Muron Avenue		
City Bellingham	State MA	Zip 02019	City Bellingham	State MA	Zip 02019
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Daniel Nelligan			Director Name		
Street Address 21 Muron Avenue			Street Address		
City Bellingham	State MA	Zip 02019	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par Value

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

FEB 12 2016

BY **KL 8981**

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.

Signature of Authorized Representative

Date

Daniel Nelligan, President

Print or Type Name of Authorized Representative