



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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1. Entity ID Number <u>115238</u>		2. Exact name of the Corporation <u>Nimble LTD</u>	
3. Principal Office Address <u>1039 Cass Avenue</u>		City <u>Woonsocket</u>	State <u>RI</u> Zip <u>02895</u>
4. NAICS Code <u>72</u>	6. Brief description of the character of business conducted in Rhode Island <u>restaurant</u>		
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Daniel Nellibay</u>		Vice-President Name <u>Cheri Nellibay</u>	
Street Address <u>21 MURPHY AVENUE</u>		Street Address <u>195 EIGHTH AVENUE</u>	
City <u>Bellingham</u>	State <u>RI</u>	Zip <u>02019</u>	City <u>Woonsocket</u> State <u>RI</u> Zip <u>02895</u>
Secretary Name <u>Daniel Nellibay</u>		Treasurer Name <u>Daniel Nellibay</u>	
Street Address		Street Address	
City	State	Zip	City State Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Daniel Nellibay</u>		Director Name	
Street Address <u>21 MURPHY AVENUE</u>		Street Address	
City <u>Bellingham</u>	State <u>RI</u>	Zip <u>02019</u>	City State Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City State Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		<u>100</u> <u>Common</u> <u>No par value</u>	
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 <u>Daniel Nellibay President</u>		Date <u>8.15.17</u>	
Signature of Authorized Representative <u>[Signature]</u>		SIGN DOCUMENT HERE 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

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BY CA 310269

FORM 630 - Revised: 02/2017