State of Rhode Island	FILZD		
Department of State - Business Services Division	OCT 2 6 2020		
Annual Report for the year: 2020	BY		
Limited Liability Company	. (\)		
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 for if form is not filed by December 1			
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Entity ID Number	2 Evact n	2 Eyest name of the Limited Liability Community					
1662174		2. Exact name of the Limited Liability Company NIGELMANIA, LLC.					
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island					
713940		a strength training facility.					
5. State of Formation	┪						
Rhode Island							
6. Principal Office Address			City	State	Zip		
37 Lark Industrial Parkway, Unit J			Smithfield	RI	02828		
7. Mailing Address of Limited	Liability Comp.	any and Name o		 			
Contact Name Nigel T. Evangelista		Contact Title Member					
Street Address 37 Lark Industrial Parkway, Unit J			City Smithfield	State RI	^{Zip} 02828		
8. List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS		
Manager Name None		Manager Name None					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Manager Name None			Manager Name None				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
		· · · · · · · · · · · · · · · · · · ·		Check the box to	indicate an attachment		
9. The Resident Agent informa	tion currently	of record with the	e RI Department of State is acc	urate. Changes requir	e filing Form 642.		
Under penalty of perjury, I d statements, and that all state	eclare and aff ements conta	irm that I have ined herein are	examined this report, including true and correct.	ng any accompanyin	g schedules and		
Name of Authorized Person			· · · · · · · · · · · · · · · · · · ·	Date			
Nigel T. Evangelista	<u> </u>				2/2028		
Signature of Authorized Perso	TEI	angle	At-	7			
1000		June		 			

MAIL TO:

Division of Business Services

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

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