



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.

FILED

STAMP

FEB 28 2023

BY 30584 DS

1. Entity ID Number 115238		2. Exact name of the Corporation NIMBLE LTD.			
3. Principal Office Address 1039 Cass Avenue		City Woonsocket	State RI	Zip 02895	
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Operate a restaurant.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input 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	City Woonsocket	State RI	Zip 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) Check the box to indicate an 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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SES	PAR VALUE
		100		common	no par value
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 Daniel Nelligan					Date 209023
Signature of Authorized Representative 					

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