



**State of Rhode Island**  
**Department of State - Business Services Division**

Annual Report for the year: 2025  
**Limited Liability Company**

- Filing period: February 1 - May 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

**STAMP**

SECRETARY OF STATE  
 USE ONLY

|                                                                                                                                                                                                         |  |                                                                                                                                                             |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>001779322</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>NB Enterprises, LLC</b>                                                                                |                    |
| 3. NAICS Code<br><b>711510</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><i>Book writing, podcast entertainment, content creator, public speaker.</i> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                      |  |                                                                                                                                                             |                    |
| 6. Principal Office Address<br><b>19 Hobart Street</b>                                                                                                                                                  |  | City<br><b>Westerly</b>                                                                                                                                     | State<br><b>RI</b> |
| Zip<br><b>02891</b>                                                                                                                                                                                     |  |                                                                                                                                                             |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                                             |                    |
| Contact Name<br><b>Nancy Boegler</b>                                                                                                                                                                    |  | Contact Title<br><b>Member</b>                                                                                                                              |                    |
| Street Address<br><b>19 Hobart Street</b>                                                                                                                                                               |  | City<br><b>Westerly</b>                                                                                                                                     | State<br><b>RI</b> |
| Zip<br><b>02891</b>                                                                                                                                                                                     |  |                                                                                                                                                             |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |  |                                                                                                                                                             |                    |
| 9. 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 Person<br><b>Nancy Boegler</b>                                                                                                                                                       |  | Date<br><i>2/1/2025</i>                                                                                                                                     |                    |
| Signature of Authorized Person<br><i>[Signature]</i>                                                                                                                                                    |  |                                                                                                                                                             |                    |

**FILED**

**MAR 10 2025**



**BY 133**

**MAIL TO:**

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