

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact na	me of the limited liab	ility company													
663358	A NEW DAY YOGA LLC															
3. State of Formation			ter of business conducted in Rhode I	sland												
RI	YOGA - I	REIKI - WELLNE	ESS													
5. Principal office address 426 MOUNT HOPE	STREET		City N. ATTLEBORO	City State MA												
· · · · · · · · · · · · · · · · · · ·	LIMITED LIABIE	TY COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:	elengia di di delengia di masa di											
Contact Name			Contact Title													
Street Address	#1 W 1		City	State	Zip											
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>Do</u>	NOTE ISTEMEMBERS											
Manager Name	<u> </u>		Manager Name													
Street Address			Street Address													
City	State	Zip	City	City State												
Manager Name		I	Manager Name	<u> </u>												
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8. RESIDENT AGENT IN R	4.4.2.1.4/1/2003/00/00/00/00/00/00/00/00/00/00/00/00/															
This information is currer	ntly of record in the	e Office of the Secr	etary of State. Changes require fill	ng Form 642.	ထ ့											
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Form No. 632 Revised: 01/2012 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.

and that all statements contained hereth are true and correct.

Signature of Authorized Person Date

Print or Type Name of Authorized Person