



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 2014

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. 815028		2. Exact name of the limited liability company Aligning the Learning Day, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Child daycare			
5. Principal office address 1531 Hartford Avenue		City Johnston	State RI	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Kendra Tanguay		Contact Title Member			
Street Address 55 Arthur Avenue		City North Providence	State RI	Zip 02919	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED
 NOV 19 2014
 By A.A.

2014 NOV 19 AM 10:58
 SECRETARY OF STATE
 CORPORATIONS DIV

File Date 9/26/14
 Check No 1084
 By: Aligning the Learning Day
 FOR SECRETARY OF STATE USE ONLY

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.
Kendra A. Tanguay
 Signature of Authorized Person
 11/18/14
 Date
 Kendra Tanguay
 Print or Type Name of Authorized Person