| <b>B</b> | State of Rhode Isla                |
|----------|------------------------------------|
|          | State of Rhode Isla  Department of |

## of State - Business Services Division

| Annual Report for the year: | 2020 |  |
|-----------------------------|------|--|
| Limited Liability Company   |      |  |

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| FILED        | 7 |
|--------------|---|
| NOV 1 7 2020 | - |

| Entity ID Number  | 2. Exact na    | 2. Exact name of the Limited Liability Company   |   |                      |                        |  |  |
|---|----------------|--|---|----------------------|------------------------|--|--|
| 1696964   | Everyday S     | Everyday Sunshine, LLC   |   |                      |                        |  |  |
| 3. NAICS Code   | 4. Brief de    | 4. Brief description of the character of business conducted in Rhode Island                          |   |                      |                        |  |  |
| 624410  | Operation      | Operation of a licensed day care facility and to engage in all acts necessary or incidental thereto. |   |                      |                        |  |  |
| 5. State of Formation   | 7              |  |   |                      |                        |  |  |
| Rhode Island  |                |  |   |                      |                        |  |  |
| 6. Principal Office Address                                   |                |  | City  | State                | Zip                    |  |  |
| 103 Roland Robinson Way                                       |                |  | North Kingstown                                     | Rí                   | 02852                  |  |  |
| 7. Mailing Address of Limited L                               | iability Comp  | any and Name or Tit  |   |                      |                        |  |  |
| Contact Name Kristen DiNezza                                  |                |  | Contact Title Manager                               |                      |                        |  |  |
| Street Address 103 Roland Robinson Way                        |                | <sup>City</sup> North Kingstown  | State RI  | <sup>Zip</sup> 02852 |                        |  |  |
| 8. List ALL managers (names                                   | and addresse   | s) of the Limited Lia  | bility Company, IF APPLICABLE                       | E - DO NOT LIST      | MEMBERS                |  |  |
| Manager Na."  |                |  | Manager Name  |                      |                        |  |  |
| Street Add  |                |  | Street Address                                      |                      |                        |  |  |
|   | •              | 02852  | City  | State                | Zıp                    |  |  |
| Manager Name -  |                |  | Manager Name  |                      |                        |  |  |
| Street Address  |                |  | Street Address                                      |                      |                        |  |  |
| City  | State          | Zip  | City  | State                | Zip                    |  |  |
|   | . ↓.           |  |   | Check the box to     | indicate an attachment |  |  |
| 9. The Resident Agent information                             | tion currently | of record with the R   | I Department of State is accurate                   | te. Changes requi    | re filing Form 642.    |  |  |
| Under penalty of perjury, I de statements, and that all state |                |  | emined this report, including a<br>see and correct. | any accompanyii      | ng schedules and       |  |  |
| Name of Authorized Person                                     |                |  |   | Date                 |                        |  |  |
| KRISTEN DINEZZA   |                |  |   | 11-5                 | 5-2020                 |  |  |
| Signature of Authorized Persor                                | 1              |  |   |                      |                        |  |  |
|   | 280            |  |   |                      |                        |  |  |
|   | 70             |  |   |                      |                        |  |  |

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov