RI SOS Filing Number: 202078286520 Date: 11/30/2020 4:00:00 PM

Department	of State - Bu	siness Serv	rices Division		FILED	
Annual Report for the Limited Liability Con → Filing period: Septer → Filing Fee: \$50.00 → Penalty: Additional \$2	mpany mber 1 - Novem		ecember 1.	BY_	NOV 3 0 2020	
1. Entity ID Number	2. Exact no	2. Exact name of the Limited Liability Company				
815028	Aligning t	Aligning the Learning Day, LLC				
3. NAICS Code 624410 5. State of Formation Rhode Island		Brief description of the character of business conducted in Rhode Island     Child Enrichment Classess				
6. Principal Office Address			City	State	Zip	
1531 Hartford Avenue			Johnston	RI	02919	
7. Mailing Address of Limite	ed Liability Compa	any and Name or	Title of Contact Person		<del>  </del>	
Contact Name Charlene Barbieri			Contact Title Member			
Street Address 3 Circuit Drive			City Cranston	State RI	<sup>Z<sub>1</sub>p</sup> 02905	
8. List ALL managers (nam	nes and addresse	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS	
Manager Name			inagager 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	
				Check the box to	indicate an attachment	
			RI Department of State is accu			
Under penalty of perjury, statements, and that all s	i declare and aff tatements conta	irm that I have ( ined herein are	examined this report, including true and correct.	ig any accompanyin	ig schedules and	
Name of Authorized Person				Date /		
Charlene Barbieri				1 11 /	/2020	

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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

Signature of Authorized Person

Charlem Backui