



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

**FILED**

JUN 05 2023

BY

**Annual Report for the year:** 2023  
**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.

|   |  |  |                    |
|---|--|--|--------------------|
| 1. Entity ID Number<br><b>794765</b>  |  | 2. Exact name of the Limited Liability Company<br><b>Bright Beginnings Early Learning Center, LLC</b>                |                    |
| 3. NAICS Code<br><b>624410</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Daycare and preschool services</b> |                    |
| 5. State of Formation<br><b>RI</b>  |  |  |                    |
| 6. Principal Office Address<br><b>5 New Industrial Way</b>  |  | City<br><b>Warren</b>  | State<br><b>RI</b> |
|   |  | Zip<br><b>02885</b>  |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |                    |
| Contact Name<br><b>Kimberly Fortin</b>  |  | Contact Title<br><b>Member</b>   |                    |
| Street Address<br><b>68 Harris Avenue</b>   |  | City<br><b>Warren</b>  | State<br><b>RI</b> |
|   |  | Zip<br><b>02885</b>  |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |  |                    |
| <i>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.</i> |  |  |                    |
| Name of Authorized Person<br><b>Kimberly Fortin</b>   |  | Date<br><b>5/5/23</b>  |                    |
| Signature of Authorized Person<br><i>Kimberly Fortin</i>  |  |  |                    |

**MAIL TO:**  
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