

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

2. Name of Corporation 30189 TOTS! (OOPERATIVE NURSERY SCHOOL), INC 3. State of Incorporation 4. Corporate address in Rhode kland - Street Address PHODE ISLAND 461 COUNTY ROAD 5. Foreign corporation. Enter principal office address NJA 6. Brief Description of the character of the affairs which are actually conducted in Rhode island NURSERM SCHOOL PROBRAM HELD PURING SCHOOL YEAR 7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name HEATHER BERNIER Street Address Street Address Street Address		
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HEATHER BERNIER Street Address Vice President Name ROXANNE BRYANT Street Address		
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Street Address		
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	2806	
NONE KIM REILLY		
Street Address Street Address		
- 15 JUNIPER STREET		
City State Zip City State Zip		
- I - BARRINGTON RI OZ	206	
G. MANAES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT). FILL IN SPACES REFORE USING ATTACHMENTS		
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3), P. C. L. 7.6.22		
Director Name		
CHRISTINE RAPOSA PATRICE FRANCO		
Street Address		
City State IZID CONTROL ROAD		
WARREN RI 02885 BARRINGTON RI 02	806	
Director Name Director Name	200	
HEATHER BERNIER JUL HUGHES		
Street Address Street Address	~	
103 CIRCUIT DRIVE		
City BARRINGTON State RI DZ806 RIVERSIAE State RI DZ		
	-915	
9. REGISTERED AGENT IN RHODE ISLAND		
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78		
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Tru	ı	

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date FILED	statements contained herein are true and correct.
Check No. JUN 6 9 2009	Signature of Officer Date
By:	HEATHER BERNJER Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	PRESIDENT Title of Officer