



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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 penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000030188

2. Name of Corporation TOTS'COOPERATIVE NURSERY SCHOOL, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 461 COUNTY ROAD

City or Town: BARRINGTON

State: RI

Zip: 02806 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

NURSERY SCHOOL PROGRAM HELD DURING THE SCHOOL YEAR

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KIRA CORTESE	4 COURT AVE BARRINGTON, RI 02806 USA
TREASURER	DOMENIC NAPOLITANO	63 MASSASOIT AVE BARRINGTON, RI 02806 USA
SECRETARY	RACHEL FRANCIS	66 FOURTH STREET EAST PROVIDENCE, RI 02914 USA
DIRECTOR	CHRISTINE RAPOSA	24 SHORE DRIVE WARREN, RI 02885
VICE PRESIDENT	LAURA KINSELLA	362 COUNTY RD BARRINGTON, RI 02806 USA
DIRECTOR	PATRICE FRANCO	15 LAMSON ROAD BARRINGTON, RI 02806 USA
DIRECTOR	ERIN GILL	7 NORTH SHORE DRIVE RIVERSIDE, RI 02915 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

PATRICE FRANCO 461 COUNTY ROAD BARRINGTON , RI 02806

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 23 Day of June, 2011 at 8:51:24 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KIRA CORTESE
Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or
☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07