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: 2016

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	JENIFER ARDEN	220 FOOTE STREET BARRINGTON, RI 02806 USA
TREASURER	BYRON MCMASTERS	6 LAUREL LANE BARRINGTON, RI 02806 USA
SECRETARY	LIANA MARIS	40 PROSPECT STREET

		BARRINGTON, RI 02806 USA
VICE PRESIDENT	MARY TAIT	15 PARK DRIVE RIVERSIDE, RI 02915 USA
DIRECTOR	CHRISTINE RAPOSA	24 SHORE DRIVE WARREN, RI 02885
DIRECTOR	PATRICE FRANCO	16 LAMSON ROAD BARRINGTON, RI 02806 USA
DIRECTOR	JENIFER ARDEN	220 FOOTE STREET BARRINGTON, RI 02806 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, duly Authorized Representative, Receiver, or Trustee.

Signed this 2 Day of June, 2016 at 10:05:36 PM by the authorized person. *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 company, 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 JENIFER ARDEN
Signature of Authorized Person

Form No. 631
Revised 09/07

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