



**State of Rhode Island  
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: February 1 - May 1*

*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 - ENTER THE CURRENT FILING YEAR 2023: 2023**

**1. Corporate ID No.** 000030188

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

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code  
624410

**4. Principal Office Address**

No. and Street: 461 COUNTY ROAD  
City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

NURSERY SCHOOL PROGRAM HELD DURING THE SCHOOL YEAR

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	SARA HORVET MRS.	88 MARKWOOD DRIVE BARRINGTON , RI 02806 USA
VICE PRESIDENT	CRISTINA BUEHRER	9 HILLTOP AVE BARRINGTON, RI 02896 USA
DIRECTOR	GAYLE SEDGWICK	590 MIDDLE HIGHWAY BARRINGTON, RI 02806 USA
DIRECTOR	CHRISTINE LEIGH RAPOSA	24 SHORE DRIVE BARRINGTON, RI 02885 US
DIRECTOR	KELLIE BARKER	8 PLYMOUTH DRIVE BARRINGTON, RI 02806 USA

**7. 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

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 3 Day of July, 2023 at 1:35:30 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 GAYLE SEDGWICK  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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