

1.) CORPORATION NAME:

**The OmMama Resource Center, Inc.**

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **07498017**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO Box 7109

CITY/ST/ZIP: Richmond, VA 23221

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: LESLIE LYTLE TITLE: PRESIDENT ADDRESS: 2203 W GRACE ST CITY/ST/ZIP/CO: RICHMOND, VA 23220	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JULIE SANDERS TITLE: DIRECTOR ADDRESS: 8114 MICHAEL RD CITY/ST/ZIP/CO: HENRICO, VA 23229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CRISTIN TRAYLOR TITLE: DIRECTOR ADDRESS: 203 SANTA CLARA DR CITY/ST/ZIP/CO: HENRICO, VA 23229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALEXIS WILLARD TITLE: TREASURER ADDRESS: 4719 AUGUSTA AVE CITY/ST/ZIP/CO: RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TRACEY WINGOLD TITLE: DIRECTOR ADDRESS: 3419 NOBLE AVE CITY/ST/ZIP/CO: RICHMOND, VA 23222	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Melanie Barr-Ebsary TITLE: SECRETARY ADDRESS: 202 W. 29th St. CITY/ST/ZIP/CO: Richmond, VA 23225	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Therese Hak-Kuhn DIRECTOR 2119 Esquire Rd. Richmond, VA 23235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Amanda Beasley Tornabene DIRECTOR 2410 Whitecastle Dr. Midlothian, VA 23113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Heather McLees-Frazier DIRECTOR 104 S. Colonial Ave. Richmond, VA 23221	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Angela Patton DIRECTOR 2710 SWINEFORD RD. Richmond, VA 23237	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Keith Bell DIRECTOR 5700 W Grace St Richmond, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CRISTIN TRAYLOR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CRISTIN TRAYLOR, DIRECTOR PRINTED NAME AND CORPORATE TITLE	5/30/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			