

1.) CORPORATION NAME:

The OmMama Resource Center, Inc.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2203 W GRACE ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23220		
NAME:	ALEXIS WILLARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4719 AUGUSTA AVE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	MELANIE BARR-EBSARY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	202 W. 29TH ST.		
CITY/ST/ZIP/CO:	RICHMOND, VA 23225		
NAME:	KEITH BELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5700 W GRACE ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23226		
NAME:	THERESE HAK-KUHN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2119 ESQUIRE RD.		
CITY/ST/ZIP/CO:	RICHMOND, VA 23235		
NAME:	HEATHER MCLEES-FRAZIER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	104 S. COLONIAL AVE.		
CITY/ST/ZIP/CO:	RICHMOND, VA 23221		

NAME: ANGELA PATTON TITLE: DIRECTOR ADDRESS: 2710 SWINEFORD RD. CITY/ST/ZIP/CO: RICHMOND, VA 23237	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: AMANDA BEASLEY TORNABENE TITLE: DIRECTOR ADDRESS: 2410 WHITECASTLE DR. CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113	<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: 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: Elizabeth Cleveland TITLE: DIRECTOR ADDRESS: 4537 W Seminary Ave CITY/ST/ZIP/CO: Richmond, VA 23227	<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	6/2/2014 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.		