

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000006941

FILED
Jan 29, 2024
Secretary of State
5638767514CC

Entity Name: TOOLS OF THE MIND, INC.

Current Principal Place of Business:

219 CEDAR STREET
HOLLISTON, MA 01746

Current Mailing Address:

P.O. BOX 829
SHIRLEY, MA 01464 US

FEI Number: 83-2864497

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH ST N
SUITE 300
ST. PETERSBURG, FL 33701 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID ROBERTS

01/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR	Title	PRESIDENT
Name	FOOTE, NATHANIEL	Name	LEONG, DEBORAH
Address	219 CEDAR STREET	Address	219 CEDAR STREET
City-State-Zip:	HOLLISTON MA 01746	City-State-Zip:	HOLLISTON MA 01746
Title	SECRETARY, DIRECTOR	Title	TREASURER
Name	WILDER-SMITH, BARBARA	Name	CADIGAN, CYNTHIA
Address	219 CEDAR STREET	Address	219 CEDAR STREET
City-State-Zip:	HOLLISTON MA 01746	City-State-Zip:	HOLLISTON MA 01746
Title	DIRECTOR	Title	DIRECTOR
Name	GALINSKY, ELLEN	Name	HOLGUIN, ELSA
Address	219 CEDAR STREET	Address	219 CEDAR STREET
City-State-Zip:	HOLLISTON MA 01746	City-State-Zip:	HOLLISTON MA 01746
Title	DIRECTOR	Title	DIRECTOR
Name	JONES, JACQUELINE	Name	AARO, TOM
Address	219 CEDAR STREET	Address	219 CEDAR STREET
City-State-Zip:	HOLLISTON MA 01746	City-State-Zip:	HOLLISTON MA 01746

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA WILDER-SMITH

DIRECTOR

01/29/2024

Electronic Signature of Signing Officer/Director Detail

Date