



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000617998		2. Exact name of the Corporation Car Donation Foundation			
3. State of Incorporation Minnesota		4. Corporate Address in RI - Street Address		City	Zip
5. Foreign corporation. Enter principal office address 5775 Wayzata Blvd, #700		City St. Louis Park		State MN	Zip 55416
6. Brief description of the character of business conducted in Rhode Island To facilitate the donation of motor vehicles and other property to charitable organizations.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date _____

JUN 06 2012

Check No _____

By: _____

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

William Bigley

Print or Type Name of Officer

President/Treasurer

Title of Officer

Officer and Director List

Name	Title(s)	Address	Phone
William Bigley	President/Treasurer/ Director	2005 Sugar Woods Drive, Orono MN, 55356	(651) 641-0977
Randy Heiligman	V President/Director	2833 Ella Lane, Minnetonka, MN, 55305	(651) 641-0977
Roberta Heiligman	Secretary/Director	2833 Ella Lane, Minnetonka, MN, 55305	(651) 641-0977
Craig Greenberg	Director	5101 Olson Memorial Highway, Suite, 1000, Golden Valley, MN 55422	(763) 545-2720
Dean Suchy	Director	2114 Watertown Road, Long Lake, MN 55356	(651) 698-8100

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