



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

STAMP

MAILED
MAY 26 2017

1. Entity ID Number 67280		2. Exact name of the Corporation The Mardi Gras Fund			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Incorporated in Rhode Island but now primarily granting in Michigan, Illinois and Ohio			
4. NAICS Code 813211 - Grantmaking Fo					
6. Principal Office Address 515 West Washington Street			City Ann Arbor	State MI	Zip 48103
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Margaret Northrup			Vice-President Name Robert Northrup		
Street Address 515 West Washington Street			Street Address 515 West Washington Street		
City Ann Arbor	State MI	Zip 48103	City Ann Arbor	State MI	Zip 48103
Secretary Name none			Treasurer Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Anne Northrup			Director Name Robert Northrup Jr		
Street Address 1806 East Ave			Street Address 2017 N. Partridge Meadows Drive		
City Berwyn	State IL	Zip 60402	City Hudson	State OH	Zip 44236
Director Name Daniel Andries			Director Name		
Street Address 1806 East Ave			Street Address		
City Berwyn	State IL	Zip 60402	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Margaret L. Northrup, President					Date 5/22/2017
Signature of Officer/Authorized Representative <i>Margaret L. Northrup</i>					SIGN DOCUMENT HERE

FILED

MAY 26 2017

BY 1372

FORM 631 - Revised: 05/2017

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov