



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 765576		2. Exact name of the Corporation National Fundraising Management, Inc.			
3. Principal office address 10159 Wayzata Blvd., Suite 125			City Hopkins	State MN	Zip 55305
4. Business Phone No. 952-456-6100			5. State of Incorporation Minnesota		
6. Brief description of the character of business conducted in Rhode Island To assist charitable organizations in the raising of funds for their charitable causes. NAICS - 561499					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Randy Heiligman			Vice-President Name William Bigley		
Street Address 2823 Ella Lane			Street Address 1200 Old Crystal Bay Rd South		
City Minnetonka	State MN	Zip 55305	City Wayzata	State MN	Zip 55391
Secretary Name William Bigley			Treasurer Name		
Street Address 1200 Old Crystal Bay Rd South			Street Address		
City Wayzata	State MN	Zip 55391	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Randy Heiligman			Director Name William Bigley		
Street Address 2823 Ella Lane			Street Address 1200 Old Crystal Bay Rd South		
City Minnetonka	State MN	Zip 55305	City Wayzata	State MN	Zip 55391
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This Information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	common	.0100

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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 Authorized Representative

Date

Print or Type Name of Authorized Representative

FILED
MAR 16 2018
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William Bigley
William Bigley