



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

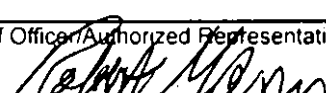
Annual Report for the year: 2018

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.

1. Entity ID Number 92518		2. Exact name of the Corporation The Mann Family Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island providing funding for other organizations which qualify as exempt organizations under section 501(c)(3) of the IRS Code			
4. NAICS Code 813219 - Other Grantmaking					
6. Principal Office Address 57 Stimson Avenue			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert D. Mann			Vice-President Name n/a		
Street Address 57 Stimson Avenue			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Leon Mann			Treasurer Name Robert D. Mann		
Street Address 355 Blackstone Blvd., Apt. 109			Street Address 57 Stimson Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 Robert D. Mann (Trustee)			Director Name Carol E. Mann (Trustee)		
Street Address 57 Stimson Avenue			Street Address 6647 Pleasant Lake Court		
City Providence	State RI	Zip 02906	City West Bloomfield	State MI	Zip 48322
Director Name Leon Mann (Trustee)			Director Name Judith Mann		
Street Address 355 Blackstone Blvd., Apt. 109			Street Address 57 Stimson Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 Robert D. Mann, Trustee				Date 6/6/18	
Signature of Officer/Authorized Representative 				SIGNATURE HERE	

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

FILED

JUN 11 2018

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