



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<br><b>92518</b>                                                                                                                                                                                |                 | 2. Exact name of the Corporation<br><b>The Mann Family Foundation</b>                                                                                                                                         |                                                |                    |                       |
| 3. State of Incorporation<br><b>RI</b>                                                                                                                                                                             |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>providing funding for other organizations which qualify as exempt organizations under section 501(c)(3) of the IRS Code</b> |                                                |                    |                       |
| 4. NAICS Code<br><b>813219 - Other Grantmaking</b>                                                                                                                                                                 |                 |                                                                                                                                                                                                               |                                                |                    |                       |
| 6. Principal Office Address<br><b>57 Stimson Avenue</b>                                                                                                                                                            |                 |                                                                                                                                                                                                               | City<br><b>Providence</b>                      | State<br><b>RI</b> | Zip<br><b>02906</b>   |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                     |                 |                                                                                                                                                                                                               |                                                |                    |                       |
| President Name <b>Robert D. Mann</b>                                                                                                                                                                               |                 |                                                                                                                                                                                                               | Vice-President Name <b>n/a</b>                 |                    |                       |
| Street Address <b>57 Stimson Avenue</b>                                                                                                                                                                            |                 |                                                                                                                                                                                                               | Street Address                                 |                    |                       |
| City <b>Providence</b>                                                                                                                                                                                             | State <b>RI</b> | Zip <b>02906</b>                                                                                                                                                                                              | City                                           | State              | Zip                   |
| Secretary Name <b>Leon Mann</b>                                                                                                                                                                                    |                 |                                                                                                                                                                                                               | Treasurer Name <b>Robert D. Mann</b>           |                    |                       |
| Street Address <b>355 Blackstone Blvd., Apt. 109</b>                                                                                                                                                               |                 |                                                                                                                                                                                                               | Street Address <b>57 Stimson Avenue</b>        |                    |                       |
| City <b>Providence</b>                                                                                                                                                                                             | State <b>RI</b> | Zip <b>02906</b>                                                                                                                                                                                              | City <b>Providence</b>                         | State <b>RI</b>    | Zip <b>02906</b>      |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |                                                                                                                                                                                                               |                                                |                    |                       |
| Director Name <b>Robert D. Mann (Trustee)</b>                                                                                                                                                                      |                 |                                                                                                                                                                                                               | Director Name <b>Carol E. Mann (Trustee)</b>   |                    |                       |
| Street Address <b>57 Stimson Avenue</b>                                                                                                                                                                            |                 |                                                                                                                                                                                                               | Street Address <b>6647 Pleasant Lake Court</b> |                    |                       |
| City <b>Providence</b>                                                                                                                                                                                             | State <b>RI</b> | Zip <b>02906</b>                                                                                                                                                                                              | City <b>West Bloomfield</b>                    | State <b>MI</b>    | Zip <b>48322</b>      |
| Director Name <b>Leon Mann (Trustee)</b>                                                                                                                                                                           |                 |                                                                                                                                                                                                               | Director Name <b>Judith Mann</b>               |                    |                       |
| Street Address <b>355 Blackstone Blvd., Apt. 109</b>                                                                                                                                                               |                 |                                                                                                                                                                                                               | Street Address <b>57 Stimson Avenue</b>        |                    |                       |
| City <b>Providence</b>                                                                                                                                                                                             | State <b>RI</b> | Zip <b>02906</b>                                                                                                                                                                                              | City <b>Providence</b>                         | State <b>RI</b>    | Zip <b>02906</b>      |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.                                                                          |                 |                                                                                                                                                                                                               |                                                |                    |                       |
| <b>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.</b>        |                 |                                                                                                                                                                                                               |                                                |                    |                       |
| <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<br><b>Robert D. Mann, Trustee</b>                                                                                                                                        |                 |                                                                                                                                                                                                               |                                                |                    | Date<br><b>6/8/18</b> |
| Signature of Officer/Authorized Representative<br>                                                                                                                                                                 |                 |                                                                                                                                                                                                               |                                                |                    |                       |

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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**FILED**  
 JUN 11 2018 **02**  
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