



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/business

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. <u>000541932</u>		2. Exact name of the Corporation <u>GMV 300 INTERNATIONAL</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Medical Missionary Humanitarian Service Outreach -</u>	
5. Principal office address <u>31 NORWICH AVE APT 2</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
		Zip <u>02905</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>LUIS F. MARTINEZ-LAPAY</u>		Vice-President Name <u>LUIS F. ABUDELO</u>	
Street Address <u>31 NORWICH AVE APT 2</u>		Street Address <u>9763 WEST MCNAB RD APT 214</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>TAMANAC</u>
			State <u>FL</u>
			Zip <u>33321</u>
Secretary Name <u>Yolanda Langley</u>		Treasurer Name <u>ZORAIDA GONZALEZ</u>	
Street Address <u>1359 BROAD STREET</u>		Street Address <u>47 DAVIS AVE APT 41A</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>WHITE PLAIN</u>
			State <u>NY</u>
			Zip <u>10605</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>LUIS F. MARTINEZ-LAPAY</u>		Director Name <u>HILDERED H. HENRY</u>	
Street Address <u>31 NORWICH AVE APT 2</u>		Street Address <u>98 WALNUT ST APT 2</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>EAST PROVIDENCE RI</u>
			State <u>RI</u>
			Zip <u>02914</u>
Director Name <u>YOLANDA LANGLEY</u>		Director Name	
Street Address <u>1359 BROAD ST</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02907</u>	City
			State
			Zip
8. 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

File Date: _____
 Check No: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

JUG 27 2012

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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.

Luis F. Martinez-Lapay
 Signature of Officer Date 8-21-2012
LUIS F. MARTINEZ-LAPAY
 Print or Type Name of Officer
x President
 Title of Officer