



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000514899

2. Name of Corporation IVAN MARTE ORGANIZATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 17 VICTORY STREET, 2ND FLOOR

City or Town: CRANSTON

State: RI Zip: 02910 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO DEFEND AND PROTECT CITIZENS CIVIL RIGHT AND EQUALITY AGAINST ANY ACTION, THAT CAN ENDANGER OR PLACE IN HARM WAY OR RISK THE CIVIL RIGHT OF AN INDIVIDUAL THROUGH WRONGFULL ACCUSATIONS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	IVAN MARTE	15 STANDISH AVE CRANSTON, RI 02920 USA
DIRECTOR	RUTH S SANCHEZ	15 STANDISH AVE

		CRANSTON, RI 02920 USA
DIRECTOR	ABIGAIL DE CHAMPS	15 STANDISH AVE CRANSTON, RI 02920 USA
DIRECTOR	ROCIO E MARTE	15 STANDISH AVE CRANSTON, RI 02920 USA
DIRECTOR	FERNANDO CARCANO	15 STANDISH AVE CRANSTON, RI 02920 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

IVAN GILBERTO MARTE 17 VICTORY STREET CRANSTON , RI 02910

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 1 Day of June, 2014 at 6:42:49 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By IVAN G MARTE
Signature of Authorized Person

Form No. 631
Revised 09/07

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