RI SOS Filing Number: 201442445390 Date: 07/09/2014 4:00 PM

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.	2. Exact name of the Corporation
541932	**Global Medical Mission Volunteers International Health Ministry (GMV300)**
3. State of Incorporation: **RI**	4. Brief description of the character of business conducted in Rhode Island: **Medical missionary worldwide humanitarian service**

5. Principal office address	City	State	Zip
31 Norwich Ave Apt 2	**Providence**	**RI**	**02905**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Ana Mercedes Martinez Diaz	**1 Cadillac Dr Apt 409**	**Providence**	**RI**	**02907**

Vice-President Name	Street Address	City	State	Zip
Yolanda Langley	**27 Harriest Street Apt 1**	**Providence**	**RI**	**02905**

Secretary Name	Street Address	City	State	Zip
Hildred Henry	**27 Harriest Street Apt 1**	**Providence**	**RI**	**02905**

Treasurer Name	Street Address	City	State	Zip

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Luis Israel Martinez Lapaix	**31 Norwich Ave -Apt 2**	**Providence**	**RI**	**02905**

Director Name	Street Address	City	State	Zip
Yolanda Langley	**27 Harriest Street Apt 1**	**Providence**	**RI**	**02905**

Director Name	Street Address	City	State	Zip
Hildred Henry	**27 Harriest Street Apt 1**	**Providence**	**RI**	**02905**

Director Name	Street Address	City	State	Zip
Rilder Ebony Liddell	**31 Norwich Ave -Apt 2**	**Providence**	**RI**	**02905**

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.

2014 JUL -9 PM 2:03

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

File Date _____ FILED

Check No _____

By: _____ JUL 09 2014

FOR SECRETARY OF STATE USE ONLY By 228122

A.A.

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.

Ana Martinez — **07/07/14**
Signature of Officer or Authorized Representative — Date

Ana Mercedes Martinez Diaz
Print or Type Name of Officer or Authorized Representative

109059-1-977301