



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 2011

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. 000513309		2. Exact name of the Corporation FUNDATION "MARTIN LUTHER KING JR. MURDER VICTIMS AND FAMILIES OF 1930-1961"	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island To Construct A monument to recognize and honor victims and families of 1930-1961	
5. Principal office address 159 Gallatin st		City Prov	State RI
		Zip 02907	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name Victor Martinez		Vice-President Name Yudelka Martinez	
Street Address 159 Gallatin st		Street Address 159 Gallatin st	
City Prov.	State RI	City Prov	State RI
Zip 02907		Zip 02907	
Secretary Name DANASSIS MARTINEZ		Treasurer Name CYNTHIA MARTINEZ	
Street Address 159 Gallatin st		Street Address 159 Gallatin st	
City Prov.	State RI	City Prov.	State RI
Zip 02907		Zip 02907	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name Victor Martinez		Director Name Yudelka Martinez	
Street Address 159 Gallatin st		Street Address 159 Gallatin st	
City Prov.	State RI	City Prov.	State RI
Zip 02907		Zip 02907	
Director Name CYNTHIA MARTINEZ		Director Name CYNTHIA MARTINEZ	
Street Address 159 Gallatin st		Street Address 159 Gallatin st	
City Prov.	State RI	City Prov.	State RI
Zip 02907		Zip 02907	
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, duly Authorized Representative, Receiver or Trustee

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By: 250334
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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.

Signature of Officer or Authorized Representative: Victor Martinez Date: 6/5/2015
Print or Type Name of Officer or Authorized Representative: Victor Martinez