



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
 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 513309		2. Exact name of the Corporation FUNDACION "MARTIRE" ASESINADO Y DESAPARECIDO POR LA TIRANIA TRUSILLITA 1938-1961	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island TO CONSTRUCT A MONUMENT TO RECOGNIZE GOD	
5. Principal Office Address 159 GALLATIN ST.		City PROV	State R.I
		Zip 02907	
6. List ALL officers (names and addresses)			Check the box to indicate an attachment <input type="checkbox"/>
President Name VICTOR MARTINEZ		Vice-President Name YUDERKA MARTINEZ	
Street Address 159 GALLATIN ST		Street Address 159 GALLATIN ST.	
City PROV.	State R.I	Zip 02907	City PROV
			State R.I
			Zip 02907
Secretary Name ONASSIS MARTINEZ		Treasurer Name CYNTHIA MARTINEZ	
Street Address 159 GALLATIN ST.		Street Address 159 GALLATIN ST.	
City PROV.	State R.I	Zip 02907	City PROV.
			State R.I
			Zip 02907
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.			Check the box to indicate an attachment <input type="checkbox"/>
Director Name VICTOR MARTINEZ		Director Name YUDERKA MARTINEZ	
Street Address 159 GALLATIN ST.		Street Address 159 GALLATIN ST.	
City PROV.	State R.I	Zip 02907	City PROV.
			State R.I
			Zip 02907
Director Name CYNTHIA MARTINEZ		Director Name CYNTHIA MARTINEZ	
Street Address 159 GALLATIN ST.		Street Address 159 GALLATIN ST.	
City PROV.	State R.I	Zip 02907	City PROV.
			State R.I
			Zip 02907
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<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 Victor Martinez			Date 7/11/2016
Signature of Officer/Authorized Representative <i>Victor Martinez</i>			
SIGN DOCUMENT HERE			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov