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	2. Exact name of the Corporation
513309	FUNDACIÓN "MARTIRE?? ASESINADO Y DESAPARECIDO POR LA TIRANÍA TRUJILLITA" 1930-1961
3. State of Incorporation: RI	**4.** ~~Brief~~ description of the character of business conducted in Rhode Island: To construct a monument to recognize God

5. Principal Office Address	City	State	Zip
159 GALLATIN St.	PROV	R.I	02907

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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:			Director Name: CYNTHIA MARTINEZ		
Street Address:			Street Address: 159 GALLATIN St.		
City	State	Zip	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.

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

Name of Officer/Authorized Representative	Date
Victor Martinez	7/11/2016

Signature of Officer/Authorized Representative: Victor Martinez — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov