



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

Annual Report for the year: **2018**

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 AUG 17 AM 11:20

1. Entity ID Number 000513309		2. Exact name of the Corporation Fundacion Los Martines Agesinados y Desaparecidos por la Tiranía Trujillista (CMAASDE)	
3. State of Incorporation RI		5. 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.	
4. NAICS Code 453998			
6. Principal Office Address 159 Gallatin St.		City Prov	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Victor J. Martinez		Vice-President Name Onassis 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 Yudella 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	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Onassis Martinez		Director Name Yudella 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 Victor Martinez	
Street Address 159 Gallatin St.		Street Address 159 Gallatin St.	
City Prov	State RI	City Prov	State RI
Zip 02907		Zip 02907	
9. 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 Victor Martinez			Date 8/15/2018
Signature of Officer/Authorized Representative Victor Martinez			

SIGN DOCUMENT HERE

FILED

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

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BY

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FORM 631 - Revised: 11/2017