

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place - Room 1717, Boston, Massachusetts 02108-1512

Telephone: (617) 727-9640

ANNUAL REPORT

FEE: \$15.00

M.G.L. Ch.180
Corporation
Annual Report

FEDERAL IDENTIFICATION

Filing for November 1, 20 12

NO. 27-3760743

In compliance with the requirements of Section 26A of Chapter one hundred and eighty (180) of the General Laws:

1. NAME: The Mencia Foundation INC

2. ADDRESS: 4 Standish Road

(number)

(street)

Lawrence

MA

01843

(city or town)

(state)

(zip)

3. DATE OF THE LAST ANNUAL MEETING: 9-16-12

4. If the corporation is a cemetery corporation, it must hold perpetual care funds in trust and attach a copy of the written agreement establishing the trust. (check appropriate box)

The cemetery corporation certifies that perpetual care funds are held in trust and a copy of the written agreement establishing the trust is attached.

OR

The cemetery corporation hereby certifies that it does not hold perpetual care funds in trust.

5. State the names and addresses of the president, treasurer, clerk, at least one director of the corporation, and the date on which the term of office of each expires: (PLEASE TYPE OR PRINT).

NAME OF OFFICE	NAME	ADDRESSES Number, Street, City or Town, State and Zip Code	EXPIRATION OF TERM OF OFFICE
President:	Angela Gutierrez	1317 Calle Lago, El Paso TX 79912	na
Treasurer:	Olga Rosado-Carpenter	4 Standish Rd, Lawrence MA 01843	na
Clerk: (or Secretary)	Argentina Rosado	137 Edgecombe Ave. Apt 2A, New York, NY 10030	na
Directors: (or Officers having the powers of Directors)	Maria Castillo Issoufou Yacouba-Issa Jessica Foley	46 Glenn Ave, Methuen MA 01844 113 Bellvale St, Malden MA 4 Standish Rd, Lawrence MA 01843	na na na

I, the undersigned Olga Rosado-Carpenter being the Treasurer of the above-named corporation, in compliance with General Laws, Chapter 180, hereby certify that the information above is true and correct as of the dates shown.

IN WITNESS WHEREOF AND UNDER PENALTIES OF PERJURY, I hereto sign my name on this 26th day of October, 20 12.

Signature: _____ Title: Treasurer

Contact Person: Olga Rosado-Carpenter Contact Person Telephone #: 978-314-2387