



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No 69600		2. Name of Corporation MUSLIM COMMUNITY CENTER OF R.I	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 232/234 PAVILLION AVENUE	
		City PROVIDENCE	Zip 02909
5. Foreign corporation. Enter principal office address		City	State
			Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name MOHAMED LOOKMAN DAVIES		Vice President Name SIKIRU OTTUN	
Street Address 82 ERASTUS STREET		Street Address 52 PINE STREET	
City PROVIDENCE	State RI	City PAWUCKET	State RI
Zip 02908		Zip 02860	
Secretary Name TAJUDEEN YUSUFF		Treasurer Name TOTEEB OJUFUYE	
Street Address 284 CURRAN ROAD		Street Address 420 WOODWARD ROAD	
City LINCOLN	State RI	City N-PROVIDENCE	State RI
Zip 02864		Zip 02904	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name MURAINA AKINFOLAKIN		Director Name HAKHEM KASUNMU	
Street Address 270 PRAIRIE AVENUE		Street Address 48 VENICE STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02905		Zip 02908	
Director Name MUDATHIR ALI-OWE		Director Name MARIAM ODETUNDE	
Street Address 251 PROVIDENCE AVENUE		Street Address 56 FLORAL STREET	
City RIVER SIDE	State RI	City PROVIDENCE	State RI
Zip 02915		Zip 02908	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name		Address	
Address		City	Zip

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED	
File Date	11/01/2008
Check No.	1118
By	1118
FOR SECRETARY OF STATE USE ONLY	

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 **MOHAMED L. DAVIES** Date **6/29/08**
Print or Type Name of Officer
PRESIDENT
Title of Officer