



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>68142</b>		2. Exact name of the Corporation <b>MASJID AL-ISLAM, INC.</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>PLACE OF WORSHIP</b>			
5. Principal office address <b>40 SAYLES HILL ROAD</b>		City <b>NORTH SMITHFIELD</b>		State <b>RI</b>	Zip <b>02896</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>DR. MOHAMMAD ARIF</b>		Vice-President Name <b>DR. MOHAMED YAKUB PUTHAWALA</b>			
Street Address <b>1034 OLD SMITHFIELD RD</b>		Street Address <b>5 WHITE HORSE ROAD</b>			
City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
Secretary Name <b>DR. SYED ABDUL LATIF</b>		Treasurer Name <b>DR. SALAH-UDDIN KAZI</b>			
Street Address <b>58 ROBERTA AVE</b>		Street Address <b>23 SOUTH EAGLE NEST DRIVE</b>			
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>MUFTI IKRAM UL HAQ</b>		Director Name <b>FAWAD QAMAR</b>			
Street Address <b>351 W WRENTHAM RD</b>		Street Address <b>8 EAST AURORA DRIVE</b>			
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Director Name <b>JANU N. MEMON</b>		Director Name <b>SAEED AHMAD</b>			
Street Address <b>1 MONARCH WAY</b>		Street Address <b>2970 MENDON ROAD #10</b>			
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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**FILED**

**JUN 14 2013**

**3847**

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

Date

Print or Type Name of Officer

Title of Officer