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.	2. Exact name of the Corporation
68142	MASJID AL-ISLAM, INC.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	PLACE OF WORSHIP

5. Principal office address	City	State	Zip
40 SAYLES HILL ROAD	NORTH SMITHFIELD	RI	02896

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
DR. MOHAMMAD ARIF	1034 OLD SMITHFIELD RD	NORTH SMITHFIELD	RI	02896

Vice-President Name	Street Address	City	State	Zip
DR. MOHAMED YAKUB PUTHAWALA	5 WHITE HORSE ROAD	LINCOLN	RI	02865

Secretary Name	Street Address	City	State	Zip
DR. SYED ABDUL LATIF	58 ROBERTA AVE	PAWTUCKET	RI	02860

Treasurer Name	Street Address	City	State	Zip
DR. SALAH-UDDIN KAZI	23 SOUTH EAGLE NEST DRIVE	LINCOLN	RI	02865

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
MUFTI IKRAM UL HAQ	351 W WRENTHAM RD	CUMBERLAND	RI	02864

Director Name	Street Address	City	State	Zip
FAWAD QAMAR	8 EAST AURORA DRIVE	CUMBERLAND	RI	02864

Director Name	Street Address	City	State	Zip
JANU N. MEMON	1 MONARCH WAY	LINCOLN	RI	02865

Director Name	Street Address	City	State	Zip
SAEED AHMAD	2970 MENDON ROAD #10	CUMBERLAND	RI	02864

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: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUN 14 2013
BY 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 6.11.13

MOHAMMAD ARIF
Print or Type Name of Officer

President
Title of Officer

Form No. 631
Revised: 05/2012