



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATION DIV
 2013 JUN 17 9:43 AM '13

1. Entity ID No. 26962		2. Exact name of the Corporation ISLAMIC CENTER OF RHODE ISLAND, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island PROPAGATE THE FAITH OF ISLAM			
5. Principal office address 39 HASKINS STREET		City PROVIDENCE	State RI	Zip 02904	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name ABDUL HAMEED			Vice-President Name ABDUL LATIF SACKO		
Street Address 74 LAMBERT STREET			Street Address 15 STANDISH AVE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02920
Secretary Name SIDDIQUE CHAUDRY			Treasurer Name ABDUL QUDDOSI		
Street Address 98 TYRONE STREET			Street Address 42 TOBEY STREET		
City PAWTUCKET	State RI	Zip 02920	City PROVIDENCE	State RI	Zip 02909
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name TARIQ WADI WASIM			Director Name DEAN RAMOS		
Street Address 1200 WAMPANCOY TRAIL			Street Address 89 ONTARIO STREET		
City RIVER SIDE	State RI	Zip 02915	City PROVIDENCE	State RI	Zip 02907
Director Name AHMEDI A HAMEED			Director Name ABDUL HAQ		
Street Address 74 LAMBERT ST APT 327			Street Address 341 ARCADE AVE		
City CRANSTON	State RI	Zip 02910	City SEEKONK	State MA	Zip 02771
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 17 2013

49-199545

A.A.

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.

Abdul Hameed 6.17.13
 Signature of Officer Date

ABDUL HAMEED
 Print or Type Name of Officer

PRESIDENT
 Title of Officer