



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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.

2014 MAY 21 AM 11:29
 DEPARTMENT OF STATE
 CORPORATIONS DIV

1. Entity ID No. 000133762		2. Exact name of the Corporation Islamic School of Rhode Island			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Non-Profit Educational Institution from PK to 8th grade.			
5. Principal office address 840 Providence Street		City West Warwick	State RI	Zip 02893	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Hilmy Bakri		Vice-President Name Munawar Ghumman			
Street Address 825 Pontiac Ave Apt 13303		Street Address 34 Capri Dr			
City Cranston	State RI	Zip 02910	City Johnston	State RI	Zip 02919
Secretary Name Yaqoob Shahzad		Treasurer Name Tarik Barrakad			
Street Address 39 Union Ave		Street Address 205 Main St Unit B 7			
City Johnston	State RI	Zip 02919	City Fiskeville	State RI	Zip 02823
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 Hilmy Bakri		Director Name Munawar Ghumman			
Street Address 825 Pontiac Ave Apt 13303		Street Address 34 Capri Dr			
City Cranston	State RI	Zip 02910	City Johnston	State RI	Zip 02919
Director Name Yaqoob Shahzad		Director Name Tarik Barrakad			
Street Address 39 Union Ave		Street Address 205 Main St Unit B 7			
City Johnston	State RI	Zip 02910	City Fiskeville	State RI	Zip 02823
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

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.

FILED

Hilmy Bakri
 Signature of Officer or Authorized Representative

5/1/2014

Date

MAY 21 2014

Hilmy Bakri

By 224762 Print or Type Name of Officer or Authorized Representative

A.A. 11:31 A.M.