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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.**

1. Entity ID No.	2. Exact name of the Corporation
592838	Rasheeda Saleem Faundation For Human Development
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: County work

5. Principal office address: 350 Moosehorn Road, City: E. Greenwich State: RI Zip: 02818

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

President Name: Muhammad Akhtar, MD	Vice-President Name: Iole Ribizzi-Akhtar, MD
Street Address: 350 Moosehorn Road,	Street Address: 350 Moosehorn Road,
City: E. Greenwich State: RI Zip: 02818	City: E. Greenwich State: RI Zip: 02818
Secretary Name: Shahid Khan, MD	Treasurer Name: Omar Meer, MD
Street Address: 1351 South County Trail, #215	Street Address: 400 Warren Ave, Suite 01,
City: E. Greenwich State: RI Zip: 02818	City: E. Providence State: RI Zip: 02914

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

Director Name: Muhammad Akhtar, MD	Director Name: Shahid Khan, MD
Street Address: 350 Moosehorn Road,	Street Address: 1351 South Cunty Trail,
City: E. Greenwich State: RI Zip: 02818	City: E. Greenwich State: RI Zip: 02818
Director Name: Iole Ribizzi-Akhtar	Director Name: Omar Meer, MD
Street Address: 350 Moosehorn Road,	Street Address: 400 Warren Ave, Suite 01,
City: E. Greenwich State: RI Zip: 02818	City: E. Providence State: RI Zip: 02914

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

FILED
JUN 13 2014
BY _____

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.

_____ 06/9/14
Signature of Officer or Authorized Representative — Date

President / Muhammad Akhtar,
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

108207-5-964850