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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 2015

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
26962	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, conduct daily services, educate and charity

5. Principal office address	City	State	Zip
39 Haskin Street	Providence	RI	02904

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

President Name: Abdul Latif Sackor			Vice-President Name: Abdul Hameed		
Street Address: 15 Standish Avenue			Street Address: 16 Dutchess Drive		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02921
Secretary Name: Saddiqu Chaudry			Treasurer Name: Ahmed El Idrissi		
Street Address: 98 Tryon Avenue			Street Address: PO Box 6003		
City: Rumford	State: RI	Zip: 02916	City: Warwick	State: RI	Zip: 02887

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

Director Name: Abdul Haq			Director Name: Ibrahim Jallow		
Street Address: 341 Arcade Avenue			Street Address: 40 Nellie Street		
City: Seekonk	State: MA	Zip: 02771	City: Providence	State: RI	Zip: 02904
Director Name: Ahemdi A. Hameed			Director Name: Falssal Elansari		
Street Address: 16 Dutchess Drive			Street Address: 931 Atwells Avenue		
City: Cranston	State: RI	Zip: 02921	City: Providence	State: RI	Zip: 02909

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

FILED
MAY 18 2015

File Date _____
Check No _____ **BY** 5190
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.

Abdul Hameed 5.8.15
Signature of Officer or Authorized Representative — Date

Abdul Hameed
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
120985-24-1034521