

1. Entity ID No.

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.

2. Exact name of the Corporation

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

26962	Islamic Center of Rhode Island, Inc. 4. Brief description of the character of business conducted in Rhode Island Propagate the faith of Islam, conduct daily services, educate and charity					
3. State of Incorporation						
5. Principal office address			City	State	Zip 02904	
39 Haskin Street			Providence	RI	02904	
LIST ALL OFFICERS (N	AMES AND ADDR	ESCENCE TY BOX FO	(7, m, 6, (1, 10),)			
resident Name			Vice-President Name			
Abdul Latif Sackor			Abdul Hameed			
Street Address			Street Address 16 Dutchess Drive			
15 Standish Avenue				State	Zip	
City	State	Zip	City Cranston	RI	02921	
Cranston		02920	Treasurer Name			
Secretary Name			Ahmed El Idrissi			
Saddiqu Chaudry			Street Address			
Street Address			PO Box 6003			
98 Tryon Avenue	State	Zip	City	State	Zip	
City	RI	02916	Warwick	RI	02887	
Rumford		TOO SHOW IN	LAND CORPORATIONS MUST	LIST NO LESS THAI	THREE (3) DIRECTOR	
("X" BOX FOR ATTACH	MENT)	AMERICA), HILVER	Director Name			
Director Name			Ibrahim Jallow			
Abdul Haq			Street Address			
Street Address				40 Nellie Street		
341 Arcade Avenue	loure	Zin	City	State	Zip	
City	State MA	Zip 02771	Providence	RI	02904	
Seekonk	MIA	02//1	Director Name		······································	
Director Name Ahemdi A. Hameed			Falssal Elansari			
Street Address			Street Address			
16 Dutchess Drive			931 Atwells Avenue			
City	State	Zip	City	State	Zip	
Cranston	RI	02921	Providence	RI_	02909	
6. REGISTERED AGENT I						
	thy of record in th	ne Office of the Secre	tary of State. Changes require fil	ling Form 641.		
Inis information is curren	w aither the President	tent Vice-President S	ecretary, Assistant Secretary, Treas	surer, duly Authorized	Representative, Receive	
	y enner me riesic	Jeni, Vice i resident, e	, , , , , , , , , , , , , , , , , , ,	-		
or Trustee		בוו בה	\			
		FILED		1 declars and s40	rm that I have examiner	
			atta war and to alreading a	iry, i deciare and am anv accompanying s	rm that I have examined schedules and statemen	
File Date		MAY 1 8 201	and that all statements	s contained herein a	re true and correct.	
				-		
Check No	BV	5190	ARI. 1/t	nneal	5.8.15	
By:	<u> </u>	2110	Signature of Officer or A	Authorized Represent	ative Date	
HAR OF CRITISM OF S	TATE LIGE OM Y		- V			
FOR SECRETARY OF STATE USE ONLY			Abdul Hameed			
			Print or Type Name of Officer or Authorized Representative			
Form No. 631 Revised: 04/2014			Fillit of Type Hand of C		•	