



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000026962

2. Name of Corporation Islamic Center of Rhode Island, Inc. (Masjid Al-Karim)

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 39 HASKIN STREET

City or Town: PROVIDENCE State: RI Zip: 02904 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROPOGATE THE FAITH OF ISLAM, CONDUCT DAILY SERVICES, EDUCATE AND CHARITY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ABDUL LATIF SACKOR	15 STANDISH AVENUE CRANSTON, RI 02920 USA
TREASURER	AHMED EL IDRISI	P.O BOX 6003 WARWICK, RI 02887 USA

DIRECTOR	ABDUL HAQ	341 ARCADE AVENUE SEEKONK, MA 02771 USA
DIRECTOR	IBRAHIM JALLOW	40 NELLIE STREET PROVIDENCE, RI 02904 USA
DIRECTOR	AHEMDI A. HAMEED	74 LAMBERT STREET CRANSTON, RI 02910 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ABDULATIF SACKOR 39 HASKIN STREET PROVIDENCE , RI 02904

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 8 Day of September, 2016 at 11:47:32 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By AHMED EL IDRISSE
Signature of Authorized Person

Form No. 631
Revised 09/07

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