RI SOS Filing Number: 201610506630 Date: 10/18/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2016 OCT 18 AM 10: 54

1. Entity ID Number	2. Exact name of the Corporation
102773	MUSLIM AMERICAN DAWAH CENTER
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
R.I.	RELIGIOUS

5. Principal Office Address	City	State	Zip
978 PLAINFIELD ST	JOHNSTON	R.I.	02919

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Farid Ansari			Vice-President Name: OMAR BARRY		
Street Address: 978 PLAINFIELD ST			Street Address: 16 TIFFANY STREET		
City: JOHNSTON	State: R.I.	Zip: 02912	City: PROVIDENCE	State: R.I.	Zip: 02908
Secretary Name: Naima Ansari			Treasurer Name: HERBERT A. HASAN		
Street Address: 978 PLAINFIELD ST			Street Address: 141 OAK ST A-8		
City: Johnston	State: R.I.	Zip: 02919	City: PROVIDENCE	State: R.I.	Zip: 02909

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: Waleed A Muhammad			Director Name: PRISCILLA A. WAKIL		
Street Address: 982 Plainfield ST			Street Address: 114 BELLEVUE AVE		
City: JOHNSTON	State: R.I.	Zip: 02919	City: PROVIDENCE	State: R.I.	Zip: 02907
Director Name			Director Name: HALIMAH MUHAMMAD		
Street Address			Street Address: 982 PLAINFIELD ST		
City	State	Zip	City: JOHNSTON	State: R.I.	Zip: 02919

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
Farid Ansari	10-18-16

Signature of Officer/Authorized Representative
Farid Ansari SIGN DOCUMENT HERE

FILED
OCT 18 2016
BY 286207

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov
143222-1-1134118

FORM 631 - Revised: 05/2016