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.

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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	Vice-President Name
Farid Ansari	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	Director Name
Waleed A Muhammad	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

FORM 631 - Revised: 05/2016