



**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: 2017

1. Corporate ID No. 000592838

2. Name of Corporation Rasheeda Saleem Foundation For Human Development.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

624230

4. Corporate Address in Rhode Island

No. and Street: 350 MOOSEHORN ROAD

City or Town: EAST GREENWICH

State: RI

Zip: 02818

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

IMPROVING THE LIVING CONDITIONS OF ORPHANS IN ORPHANAGES,
MAINTENANCE OF PUBLIC BUILDINGS, COMBATING COMMUNITY DETERIORATION
AND ADVANCEMENT OF EDUCATION.

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Incorporator is no longer applicable; please delete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 | MUHAMMAD AKHTAR MD | 350 MOOSEHORN ROAD EAST GREENWICH, RI 02818 USA |
| TREASURER | OMAR MEER MD | 400 WARREN AVENUE, SUITE 01 EAST PROVIDENCE, RI 02914 USA |
| VICE PRESIDENT | IOLE RIBIZZI-AKHTAR MD | 350 MOOSEHORN ROAD EAST GREENWICH, RI 02818 USA |
| DIRECTOR | MUHAMMAD YAKUB PUTHAWALA MD | 5 WHITE HORSE ROAD, LINCOLN, RI 02865 USA |
| DIRECTOR | SAJID SIDDIQ MD | 6 KING PHILLIPS ROAD LINCOLN, RI 02865 USA |
| DIRECTOR | MUTI SIDDIQI | 19 SILVERWOOD LANE WEST WARWICK, RI 02893 USA |
| DIRECTOR | SHAHID KHAN MD | 1351 SOUTH COUNTY TRAIL EAST GREENWICH, RI 02818 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**

MUHUMMAD AKHTAR, MD 350 MOOSEHORN ROAD EAST GREENWICH , RI 02818

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

Signed this 7 Day of June, 2017 at 2:54:28 PM 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 MUHAMMAD AKHTAR
Signature of Authorized Person

Form No. 631
Revised 09/07