



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

*Amended
no fee*

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STATE
SECRETARY OF
CORPORATIONS DIV
2018 MAY 23 AM 11:32

Annual Report for the year: 2018
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.

1. Entity ID Number 160701		2. Exact name of the Corporation PUTTING THE NEIGHOR BACK IN THE HOOD	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island COMMUNITY SERVICES, AWARENESS AND ENHANCEMENT	
4. NAICS Code 813990			
6. Principal Office Address 16 TIFFANY STREET		City PROVIDENCE	State R.I. Zip 02908
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
President Name WALEED A. MUHAMMAD		Vice-President Name OMAR BARRY	
Street Address 982 PLAINFIELD ST		Street Address 16 TIFFANY ST	
City JOHNSTON	State R.I.	City PROVIDENCE	State R.I.
Zip 02919		Zip 02908	
Secretary Name HALIMAH MUHAMMAD		Treasurer Name HERBERT A. HASAN	
Street Address 982 PLAINFIELD ST		Street Address 141 OAK ST A-8	
City JOHNSTON	State R.I.	City PROVIDENCE	State R.I.
Zip 02919		Zip 02909	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name PRISCILLA ABDEL WAKIL		Director Name HALIMAH MUHAMMAD	
Street Address 114 BELLEVUE AVE		Street Address 982 PLAINFIELD ST	
City PROVIDENCE	State R.I.	City JOHNSTON	State R.I.
Zip 02908		Zip 02919	
Director Name BOSYIE FORTEZ		Director Name	
Street Address 696 POTTERS AVE		Street Address	
City PROVIDENCE	State R.I.	City	State
Zip 02908		Zip	
9. 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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Waleed A. Muhammad			Date
Signature of Officer/Authorized Representative Waleed A. Muhammad			

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

FILED
MAY 23 2018
BY **A.A. 11:32 A.M.**