RI SOS Filing Number: 201993201030 Date: 5/15/2019 4:00:00 PM

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

Annual Report for the year: 2019
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 STAMP
SECRETARY OF STATE
CORPORATIONS DIV
2019 MAY 15 AM 11:29

1. Entity ID Number **000026962**	2. Exact name of the Corporation **Islamic Center of Rhode Island, inc (Masjid Al-Karim)**
3. State of Incorporation **RHODE ISLAND**	5. Brief description of the character of business conducted in Rhode Island **PROPAGATE THE FAITH OF ISLAM**
4. NAICS Code **813110 - Religious Organizatio**	

6. Principal Office Address	City	State	Zip
39 HASKINS STREET	**PROVIDENCE**	**RI**	**02904**

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

President Name			Vice-President Name		
ABDUL - LATIF SACKOR			**Director: ABID ABDUL HAMEED**		
Street Address **15 STANDISH AVE**			Street Address **19 NATHANIEL GREEN DRIVE**		
City **PROVIDENCE**	State **RI**	Zip **02920**	City **EAST GREENWICH**	State **RI**	Zip **02818**
Secretary Name **Dr. SIDDIQ CHAUDHRY**			Treasurer Name **AHMED EL IDRISSI**		
Street Address **98 TRYON AVE**			Street Address **PO BOX 6003**		
City **RUMFORD**	State **RI**	Zip **021916**	City **WARWICK**	State **RI**	Zip **02887**

8. 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		
ABDUL HAQUE SIDDIQUI			**FARID ANSARI**		
Street Address **341 ARCADE AVE**			Street Address **69 McCLELLAN STREET**		
City **SEEKONK**	State **MA**	Zip **02771**	City **PROVIDENCE**	State **RI**	Zip **02909**
Director Name **CAWUSU SUMBUNDU**			Director Name **SHAHZAD YAQOOB**		
Street Address **11 CAPITAL STREET**			Street Address **39 UNION AVE**		
City **PAWTUCKET**	State **RI**	Zip **02860**	City **JOHNSTON**	State **RI**	Zip **02919**

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.

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
ABDUL - LATIF SACKOR	**05/10/2019**

Signature of Officer/Authorized Representative
Abdul-latif Sackor
SIGN DOCUMENT HERE

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 15 2019
BY 002NNE

FORM 631 - Revised: 11/2017