



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

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SECRETARY OF STATE
CORPORATIONS DIV

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Annual Report for the year:

Non-Profit Corporation

2014

2019 JUN 13 PM 1:14

FOR
RECORDING AND INDEXING
(10-10-11)

- 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 92683		2. Exact name of the Corporation ZUMBATUL JANNAT	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Conducted five daily prayers which is based on Islamic prayers, Perform Friday Prayers (Jumma) every Friday, Friday dinner on last Friday of each month. Arabic & Islamic classes on Saturday. Islamic Teachings.	
4. NAICS Code 813110			
6. Principal Office Address 801 Elmwood Avenue		City Providence	State RI
		Zip 02907	
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 PERVEZ KHATIB MA		Vice-President Name	
Street Address 45 Lanthier way		Street Address	
City Attleboro	State MA	City A	State
Zip 02703		Zip 02703	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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 Khadijah Lewis-Khan		Director Name Sheldene Ochunwa	
Street Address 23 William Drive		Street Address 130 Ocean Street	
City Middletown	State RI	City Providence	State RI
Zip 02842		Zip 02905	
Director Name Pervez Khatab		Director Name	
Street Address 45 Lanthier		Street Address	
City Attleboro	State MA	City	State
Zip 02703		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 Shakir Ochunwa			Date 6-13-19
Signature of Officer/Authorized Representative 			

SIGN DOCUMENT HERE

FILED

JUN 13 2019

BY AKSRVDJ