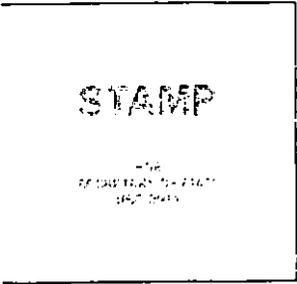




State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV
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Annual Report for the year: 2011
 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 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 <i>Conducted five daily prayers which is based on Islamic prayers, Perform Friday Prayers (Jumah) every Friday, Friday dinner on last Friday of each month, Arabic & Islamic classes on Saturday, Islamic Teachings.</i>	
4. NAICS Code 813110			
6. Principal Office Address 801 Elmwood Avenue		City Providence	State RJ
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name PERVEZ KHATIB MD		Vice-President Name	
Street Address 45 Lanthier way		Street Address	
City Attleboro	State MA	Zip 02703	City A
			State
			Zip
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			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 Shahini Oduneye	
Street Address 23 William Drive		Street Address 130 Ocean Street	
City Middletown	State RI	Zip 02842	City Providence
			State RJ
			Zip 02905
Director Name Pervez Khatib		Director Name	
Street Address 45 Lanthier		Street Address	
City Attleboro	State MA	Zip 02703	City
			State
			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 Shakin Oduneye			Date 6-13-19
Signature of Officer/Authorized Representative 			
SIGN DOCUMENT HERE			FILED

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

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 FORM 631 - Revised: 06/201