



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>000160701</u>		2. Exact name of the Corporation <u>PUTTING THE NEIGHBOR BACK IN THE HOOD</u>	
3. State of Incorporation <u>R.I., 02900</u>		4. Brief description of the character of business conducted in Rhode Island <u>DOMESTIC NON-PROFIT CORPORATION</u>	
5. Principal office address <u>% OMAR BARRY 16 TIFFANY STREET</u>		City <u>PROVIDENCE</u>	State <u>R.I.</u> Zip <u>02908</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>OMAR BARRY</u>		Vice-President Name <u>FARID ANSARI</u>	
Street Address <u>16 TIFFANY ST</u>		Street Address <u>59 MCCALLEN ST</u>	
City <u>PROVIDENCE</u>	State <u>R.I.</u>	City <u>PROVIDENCE</u>	State <u>R.I.</u> Zip <u>02909</u>
Secretary Name <u>WALEEN MUHAMMAD</u>		Treasurer Name <u>Herbert A. Hasan</u>	
Street Address <u>982 PLAINFIELD ST</u>		Street Address <u>141 Oak ST A-8</u>	
City <u>JOHNSTON</u>	State <u>R.I.</u>	City <u>PROVIDENCE</u>	State <u>R.I.</u> Zip <u>02909</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>Priscilla ABOUL WAKIL</u>		Director Name <u>Halimah Muhammad</u>	
Street Address <u>114 BELLEVUE AVE</u>		Street Address <u>982 Plainfield ST</u>	
City <u>PROVIDENCE</u>	State <u>R.I.</u>	City <u>Johnston</u>	State <u>R.I.</u> Zip <u>02909</u>
Director Name <u>BOSYIE FORTIZ</u>		Director Name	
Street Address <u>696 POTTERS AVE</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>R.I.</u>	City	State Zip
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

**FILED**

JUN 18 2020

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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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

Omar Barry 6-17-20  
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Omar Barry  
 Print or Type Name of Officer or Authorized Representative