RI SOS Filing Number: 202194656140 Date: 3/17/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

MAR 17 2021 STAMP

BY 2244

Annual Report for the year: 2020

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	2. Exact name of the Corporation
92683	Zumratul 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 tenants, Also Perform friday Prayers (Jumd) every Fridays, Friday dinner on last friday of the month. Arabic & Islamic studies on saturdays. Islamic teaching
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
801, Elmwood Avenue	Providence	RI	02907

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

President Name: Pervez Khatib MD			Vice-President Name		
Street Address: 45 Lanthier Way			Street Address		
City: Attleboro	State: MA	Zip: 02703	City	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 ☐

Director Name: Khadija Lewis-Khan			Director Name: Shakir Odunewu		
Street Address: 23, William drive			Street Address: 130, Ocean Street		
City: Middletown	State: RI	Zip: 02842	City: Providence	State: RI	Zip: 02905
Director Name: Pervez Khatib MD			Director Name		
Street Address: 45, Lanthier Way			Street Address		
City: Attleboro.	State: MA	Zip: 02703	City	State	Zip

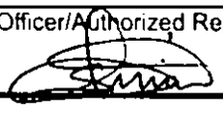
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

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
Shakir Odunewu	3/8/21

Signature of Officer/Authorized Representative



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

FORM 631 - Revised: 08/2020