



Department of State - Business Services Division

Annual Report for the year:
 Non-Profit Corporation

2021

FILED

JUN 22 2021

BY 2255

- 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 000092683		2. Exact name of the Corporation Zumratul Jannat			
3. State of Incorporation Rhode-Island		5. Brief description of the character of business conducted in Rhode Island Conducting five daily Prayers which is based on Islamic tenants, also perform Friday Prayers (Jummah) Prayer every Fridays. Friday dinner on every last Friday of the month. Arabic & Islamic studies. Islamic Funerals and Shaikhah taken for New Converts.			
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	State	Zip
Secretary Name		Treasurer Name Shakira Oduneye			
Street Address		Street Address 130, Ocean Street			
City	State	Zip	City Providence	State RJ	Zip 02905
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 Kheerijah Lewis - Khan		Director Name Shakira - Oduneye			
Street Address 23, William drive		Street Address 130, Ocean Street			
City Middletown	State RJ	Zip 02842	City Providence	State RJ	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.					
<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 Shakira - Oduneye				Date 6-15-2021	
Signature of Officer/Authorized Representative 					