



**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Non-Profit  
Annual Report - Amended**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2022

**1. Corporate ID No.** 001073260

**2. Name of Corporation** Society for Arab Neuroscientists

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 47 WOOD AVE.  
STE 2

City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

OUR SOCIETY'S MISSION IS TO PROMOTE PROFESSIONAL NETWORKING AND COLLABORATION AMONG ARAB NEUROSCIENTISTS AND INDUSTRY GLOBALLY; 2) TO RECOGNIZE EXCELLENCE AND INNOVATION IN THE FIELD OF NEUROSCIENCE BY ARAB SCIENTISTS GLOBALLY; 3) TO ADVANCE NEUROSCIENCE EDUCATION AND TO LEVERAGE SUPPORT FOR RESEARCH AND DEVELOPMENT.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	AMAL KATRIB	999 3RD AVE, SUITE 700 SEATTLE, WA 98104 USA
TREASURER	MOHAMMAD SHEHATA	2357 TEASELY ST. LA CRESCENTA, CA 91214 USA
SECRETARY	FATIMA ABBAS	201 PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112 USA
OUTREACH OFFICER	MAHMOUD HASSAN	5 ALLÉE DE LA GRANDE TREILLE RENNES, FJ 35000 FRA
DIRECTOR	YASMINE EL-SHAMAYLEH	1920 FIRST AVENUE #302 SEATTLE, WA 98101 USA
DIRECTOR	CARL SAAB	35 EAST JUNIPER LANE MORELAND HILLS, OH 44022 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

REGISTERED AGENTS INC. 47 WOOD AVE. STE 2 BARRINGTON , RI 02806

**Signed this 2 Day of May, 2022 at 3:54:13 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By AMAL KATRIB  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

May 02, 2022 03:53 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

