



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation2022

2022 JUN 3 2022

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001650371		2. Exact name of the Corporation BLACKBERRY RADIO INCORPORATED	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO UTILIZE RADIO TO CHANGE OUR COMMUNITY FOR POSITIVE EFFECTS.	
4. NAICS Code 519130			
6. Principal Office Address 10 DORRANCE STREET #700		City PROVIDENCE	State RI
		Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name AMIR QUADEER SHAKIR		Vice-President Name JOHNNIE BENSON	
Street Address 2050 SMITH STREET #113950		Street Address 2050 SMITH STREET #113950	
City NORTH PROVIDENCE	State RI	City NORTH PROVIDENCE	State RI
Zip 02911		Zip 02911	
Secretary Name AMIR QUADEER SHAKIR		Treasurer Name AMIR QUADEER SHAKIR	
Street Address 2050 SMITH STREET #113950		Street Address 2050 SMITH STREET #113950	
City NORTH PROVIDENCE	State RI	City NORTH PROVIDENCE	State RI
Zip 02911		Zip 02911	
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 AMIR QUADEER SHAKIR		Director Name TAMJ HAKIM SHAKIR	
Street Address 2050 SMITH STREET #113950		Street Address 2050 SMITH STREET #113950	
City NORTH PROVIDENCE	State RI	City NORTH PROVIDENCE	State RI
Zip 02911		Zip 02911	
Director Name JOHNNIE BENSON		Director Name	
Street Address 2050 SMITH STREET #113950		Street Address	
City NORTH PROVIDENCE	State RI	City	State
Zip 02911		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 AMIR QUADEER SHAKIR		Date 06-03-2022	
Signature of Officer/Authorized Representative 			

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

JUN 03 2022

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BY **JB NARCSA**

FORM 631 - Revised: 11/2021