



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2022

Non-Profit Corporation

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→ 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 001712489		2. Exact name of the Corporation The Council of Muballighuns International: FCWC	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island For the organization, maintenance, and perpetuation, teachings of the Islamic (Comprehensive way of life), and (chosen spiritual faith and cultural practices and religion), by Allah (The one true Creator, and His Apostle).	
4. NAICS Code 813110 - Religious Organization <input checked="" type="checkbox"/>			
6. Principal Office Address 194 Lynch Street		City Providence	State R.I. Zip 09208
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Muballigh, Muhammad A. Al-Rahman		Vice-President Name Muballigh, Mustafa Mohammed	
Street Address 455 Schutt Rd Ext. Apt#302		Street Address 194 Lynch Street	
City Middletown	State NY	Zip 10940	City Providence State R.I. Zip 02908
Secretary Name Jr. Muballigh Yusuf I. Al-Rahman		Treasurer Name	
Street Address 87 Coach Lane		Street Address	
City Newburgh	State NY	Zip 12550	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 <input type="checkbox"/>			
Director Name Muballigh, Jaffar Abdul-Mubdi		Director Name Jr. Muballigh, Yusuf I. AL-Rahman	
Street Address 1360 New York Avenue		Street Address 87 Coach Lane	
City Brooklyn	State NY	Zip 11210	City Newburgh State NY Zip 12550
Director Name Sunni R. Rumsey-Amatullah, PHD		Director Name Jr. Muballigh Tarik Mahidi	
Street Address 30 Hart Street, Apt#1		Street Address 950 South Flower Street, #204	
City Cohoes	State NY	Zip 12407	City Los Angeles State CA Zip 90015
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 Muballigh, Mustafa Mohammed		Date 12/28/2022	
Signature of Officer/Authorized Representative <i>Muballigh, Mustafa Mohammed</i>			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 631 - Revised: 11/2021