



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAY 22 P 2:52

1. Entity ID Number 000092683		2. Exact name of the Corporation Zumwateh Lannet	
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. Perform Friday Prayers (Jum'at) every Friday. Friday dinner on every last Friday of the month. Teach Arabic & Islamic studies, Islamic funeral etc	
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	
Secretary Name		Treasurer Name Shakira Odunewu	
Street Address		Street Address 130, Ocean Street	
City	State	Zip	
		City Providence	State RJ
		Zip 02908	
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 Khadijah Lewis Khan		Director Name Shakira Odunewu	
Street Address 23, William drive		Street Address 130, Ocean Street	
City Middletown	State RJ	Zip 02842	
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 Odunewu			Date 5/22/23
Signature of Officer/Authorized Representative 			

FILED
MAY 22 2023
BY 2332

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov