

**FILED**

MAR 12 2024

BY *[Signature]*



**State of Rhode Island  
Department of State - Business Services Division**

**Annual Report for the year: 2024**

**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.

1. Entity ID Number 000119315		2. Exact name of the Corporation MASJID ALHODA			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island RELIGIOUS PROPOGATE ISLAM. PROVIDE DAILY SERVICES, CHARITY AND EDUCATION			
4. NAICS Code 813110					
6. Principal Office Address 60 FORTIN RD		City KINGSTON		State RI	Zip 02881
7. List ALL officers (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
President Name IHAB CHAMSEDDINE			Vice-President Name SYED HASIBULHAQUE		
Street Address 25 MOUNTAIN LAUREL LN			Street Address 84 GREENWOOD RD		
City TIVERTON	State RI	Zip 02878	City NO KINGSTOWN	State RI	Zip 02852
Secretary Name MOHAMED HASSAN AMMED			Treasurer Name AHMED S ZAKI		
Street Address 12 KINGSWOOD CT			Street Address 91 BAYBERRY RD		
City WAKEFIELD	State RI	Zip 02879	City KINGSTON	State RI	Zip 02881
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
Director Name IHAB CHAMSEDDINE			Director Name SYED HASIBULHAQUE		
Street Address 25 MOUNTAIN LAUREL LN			Street Address 84 GREENWOOD RD		
City TIVERTON	State RI	Zip 02878	City NO KINGSTOWN	State RI	Zip 02852
Director Name MAHA CHAMSEDDINE			Director Name MOHAMED HASSAN AMMED		
Street Address 21 WOOD RD			Street Address 12 KINGSWOOD CT		
City MIDDLETOWN	State RI	Zip 02842	City WAKEFIELD	State RI	Zip 02879
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 AHMED S ZAKI				Date 3/11/2024	
Signature of Officer/Authorized Representative <i>[Signature]</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