



State of Rhode Island  
Department of State - Business Services Division

JUL 11 2024

Annual Report for the year: 2024  
Non-Profit Corporation

1027 02

- 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 <u>716543</u>		2. Exact name of the Corporation <u>Fatima, Mawla &amp; Murey, Inc.</u>			
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Religious. Talks on prayer &amp; recovery.</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>310 Bayles Ave.</u>			City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Judith Studer</u>			Vice President Name <u>Mary Marko</u>		
Street Address <u>310 Bayles Ave.</u>			Street Address <u>39 Laurel Rd. - 02822</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Epeter</u>	State <u>RI</u>	Zip <u>02822</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <u>Judith Studer</u>			Director Name <u>Mary Marko</u>		
Street Address <u>310 Bayles Ave.</u>			Street Address <u>39 Laurel Rd.</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Epeter</u>	State <u>RI</u>	Zip <u>02822</u>
Director Name <u>Michael Marko</u>			Director Name		
Street Address <u>39 Laurel Rd.</u>			Street Address		
City <u>Epeter</u>	State <u>RI</u>	Zip <u>02822</u>	City	State	Zip
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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>JUDITH STUDER</u>					Date <u>July 8, 2024</u>
Signature of Officer/Authorized Representative <u>Judith Studer</u>					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov