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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 001761605	2. Exact name of the Corporation BMTV Foundation
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island THE BMTV FOUNDATION IS A MULTIMEDIA PLATFORM EMPOWERING BLACK MUSLIMS TO AMPLIFY THEIR VOICES, SHARE EXPERIENCES, AND GAIN CRUCIAL REPRESENTATION.
4. NAICS Code 541430	

6. Principal Office Address	City	State	Zip
56 Flora St	PROVIDENCE	RI	02904

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name Latifat Odetunde			Vice-President Name		
Street Address 56 Flora St			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 ☐

Director Name Rafeeat Bishi			Director Name Latifat Odetunde		
Street Address 254 Ross Ave			Street Address 56 Flora St		
City Hackensack	State NJ	Zip 07601	City Providence	State RI	Zip 02904
Director Name Farouk Olowu			Director Name		
Street Address 142-01 230th Place			Street Address		
City Springfield Gardens	State NY	Zip 11412	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.

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	Date
Rafeeat Bishi	**12/09/2024**

Signature of Officer/Authorized Representative

Rafeeat Bishi

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

FILED
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BY HCT AA. 12:49PM

FORM 631- Revised: 12/2023