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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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: 92683	2. Exact name of the Corporation: Zumrated Jannat
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Conduct five daily Prayers which is based on Islamic tenants. Perform Friday Prayer (Jumat) every Fridays. Friday dinner on last Friday of the month. Arabic & Islamic teachings
4. NAICS Code: 813110	

6. Principal Office Address: 801 Elmwood Avenue	City: Providence	State: RI	Zip: 02907

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

President Name: PERVEZ KHATIB MD			Vice-President Name:		
Street Address: 45, Lanthier Way			Street Address:		
City: Athleboro	State: MA	Zip: 02703	City:	State:	Zip:
Secretary Name:			Treasurer Name: Shakira Odunewu		
Street Address:			Street Address: 130 Ocean Street		
City:	State:	Zip:	City: Providence	State: RI	Zip: 02907

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.

Check the box to indicate an attachment ☐

Director Name: Khadijah Lewis-Khan			Director Name: Shakira Odunewu		
Street Address: 23 William Drive			Street Address: 130 Ocean Street		
City: Middletown	State: RI	Zip: 02842	City: Providence	State: RI	Zip: 02907
Director Name: Perver Khatib MD			Director Name:		
Street Address: 45 Lanthier Way			Street Address:		
City: Athleboro	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.

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: Shakira Odunewu	Date: 12/12/24
Signature of Officer/Authorized Representative: Shakira Odunewu	

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 11:14
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FORM 631 - Revised: 04/2023

RI DOS MADE NON-SUBSTANTIVE EDITS

RI DOS MADE EDITS PER FILER

BY HVIN3

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