



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.

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1. Entity ID Number 001738151		2. Exact name of the Corporation Rhode Island Community Khayr			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island IS A FAITH-BASED ORGANIZATION SERVING THE CHARITABLE NEEDS, EDUCATIONAL, RELIGIOUS, MENTAL HEALTH NEEDS OF THE COMMUNITIES IN RHODE ISLAND			
4. NAICS Code 624190					
6. Principal Office Address 39 Haskins Street		City Providence		State RI 02903	Zip
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Noor Memon			Vice-President Name SAIRA Qureshi		
Street Address 1 Monarch Way			Street Address 42 Nicholas Drive		
City Lincoln	State RI	Zip 02865	City Attleboro	State MA	Zip 02103
Secretary Name AZKA SIDDIQUI			Treasurer Name Adrian Wood-Smith		
Street Address 341 Arcade Ave			Street Address 190 Bowen Street		
City Seekonk	State MA	Zip 02771	City Providence	State RI	Zip 02906
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 Asma Sheikh			Director Name Nasima Mohamed		
Street Address 19 Nathaniel Green Drive			Street Address 76 French Street		
City East Greenwich	State RI	Zip 02818	City Pawtucket	State RI	Zip 02860
Director Name Katherine Wilson			Director Name		
Street Address 19 Shirley Blvd			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 Asma Sheikh				Date 04/12/2025	
Signature of Officer/Authorized Representative 					

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

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FORM 631- Revised: 12/2023