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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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	2. Exact name of the Corporation
001738151	Rhode Island Community Khayr
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: RHODE ISLAND COMMUNITY KHAYR IS A FAITH-BASED ORGANIZATION SERVING THE CHARITABLE NEEDS, EDUCATIONAL, RELIGIOUS, MENTAL HEALTH NEEDS in RHODE ISLAND.
4. NAICS Code: 624190	

6. Principal Office Address	City	State	Zip
39 Haskins Street	Providence	RI	02903

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

President Name: MRS. Noor Memon			Vice-President Name: MS. SAIRA I QURESHI		
Street Address: 1 Monarch Way			Street Address: 42 Nicholas Dr.		
City: Lincoln	State: RI	Zip: 02865	City: Attleboro	State: MA	Zip: 02703
Secretary Name: CHELSEA PANZARELLA			Treasurer Name: MRS. NAZNEEN PUTHWALA		
Street Address: 2122 WARWICK AVE APT 306C			Street Address: 5 White Horse Road		
City: Warwick	State: RI	Zip: 02889	City: Lincoln	State: RI	Zip: 02865

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: ASMA SHEIKH			Director Name: Nasima Mohammed		
Street Address: 19 Nathaniel Green Dr.			Street Address: 76 French Drive		
City: East Greenwhich	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.

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
Asma Sheikh Director	**04/12/2025**

Signature of Officer/Authorized Representative

FILED
APR 17 2025
BY QCXPJ
9:47AM

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

FORM 631- Revised: 12/2023