



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.

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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 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 39 Haskins Street		City Providence		State RI	Zip 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 02103
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 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.					
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 Asma Sheikh Director					Date 04/12/2025
Signature of Officer/Authorized Representative 					

FILED

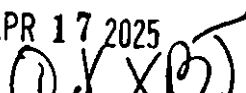
MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 631- Revised: 12/2023