



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • **Filing Fee:** \$20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 39841		2. Name of Corporation SAHADA TOUN DAREYNI OF TOUBA NEW ENGLAND	
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 127 PROGRESS AVE.	
5. Foreign corporation. Enter principal office address		City PROVIDENCE	Zip R.I. 02909
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island HELP in community			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name NEAMARA TOUNKARA		Vice President Name BABACAR THIAM	
Street Address 127 PROGRESS AVE.		Street Address 478 LOGGE ST	
City PROVIDENCE	State R.I.	City WOONSOCKET	Zip 02895
Secretary Name BIRAM M SAMB		Treasurer Name IBRAHIMA FAYE	
Street Address 591 BROADWAY		Street Address 9 WILSON AVE.	
City PAWTUCKET	State R.I.	City WOONSOCKET	Zip 02895
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name IBRAHIMA NDIAYE		Director Name MODOU DIENG	
Street Address 116 WEST LAWN ST		Street Address 145 CHATHAM	
City PAWTUCKET	State R.I.	City PROVIDENCE	Zip 02904
Director Name NDIAME GNING		Director Name Bakhere Solla	
Street Address PO BOX 254		Street Address 27 Gillen Avenue	
City WOONSOCKET	State R.I.	City PROVIDENCE	Zip 02904
9. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78			

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date **FILED**

Check No. **JUL 08 2009**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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.

NEAMARA TOUNKARA
Signature of Officer

NEAMARA TOUNKARA
Print or Type Name of Officer

PRESIDENT
Title of Officer