



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

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| 1. Entity ID No. 89841 | | 2. Exact name of the Corporation SAHADATOU DAREYNIOT TOUBA NEW ENGLAND | |
| 3. State of Incorporation R.I. | | 4. Brief description of the character of business conducted in Rhode Island NON PROFIT RELIGIOUS | |
| 5. Principal office address 127 PROGRESS AVE. | | City PROVIDENCE | State R.I. Zip 02909 |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| President Name NFAMARA TOUNKARA | | Vice-President Name BABACAR THIAM | |
| Street Address 127 PROGRESS AVE. | | Street Address 478 LOGEE ST | |
| City PROVIDENCE | State R.I. Zip 02909 | City WOONSOCKET | State R.I. Zip 02886 |
| Secretary Name BIRAM SAMB | | Treasurer Name CHEICKH DIA | |
| Street Address 591 BROADWAY | | Street Address 295 FERMONT ST | |
| City PAWTUCKET | State R.I. Zip 02860 | City WOONSOCKET | State R.I. Zip 02895 |
| 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| Director Name NDIATE GNINGUE | | Director Name MOUHATTADOU M DIA | |
| Street Address 115 South St | | Street Address 295 FAIRMONT ST | |
| City WOONSOCKET | State R.I. Zip 02895 | City WOONSOCKET | State R.I. Zip 02895 |
| Director Name MALICK SOW | | Director Name | |
| Street Address 295 FAIRMONT ST | | Street Address | |
| City WOONSOCKET | State R.I. Zip 02895 | City | State Zip |
| 8. REGISTERED AGENT IN RHODE ISLAND | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641. | | | |

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

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|---------------------------------|
| File Date |
| Check No |
| By: |
| FOR SECRETARY OF STATE USE ONLY |

FILED
DEC 09 2015

By 262915

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.

NFAMARA TOUNKARA
Signature of Officer or Authorized Representative Date

NFAMARA TOUNKARA
Print or Type Name of Officer or Authorized Representative