



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.

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

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