



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:

2019

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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SECRETARY OF STATE
CORPORATIONS DIV

2019 JUL 11 PM 1:31

1. Entity ID Number 89841		2. Exact name of the Corporation SAHADATOU DAREYNI & TOUBA NEW ENGLAND	
3. State of Incorporation R.I		5. Brief description of the character of business conducted in Rhode Island NON PROFIT RELIGIOUS	
4. NAICS Code 813110			
6. Principal Office Address 127 PROGRESS AVE.		City PROVIDENCE	State R.I Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an 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	City WOONSOCKET	State R.I Zip 02895
Secretary Name BIRAM SAMB		Treasurer Name CHEICKH DIA	
Street Address 591 BROADWAY		Street Address 295 FAIRMONT ST	
City PAWTUCKET	State R.I	City WOONSOCKET	State R.I Zip 02899
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NDIANE GNINGUE		Director Name MOWHAMADOU M DIA	
Street Address 115 SOUTH ST		Street Address 295 FAIRMONT ST	
City WOONSOCKET	State R.I	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	City	State Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 NFAMARA TOUNKARA		Date 7-11-19	
Signature of Officer/Authorized Representative		FILED JUL 11 2019 BY 3440 NFAMARA TOUNKARA	