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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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

1. Entity ID Number	2. Exact name of the Corporation
001757802	LA BELLE TARANGA INC
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: SAVINGS CLUB
4. NAICS Code: 522120	

6. Principal Office Address	City	State	Zip
10 HEATH ST	RIVERSIDE	RI	02915

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
ANOUMOU K ADOMEY	10 HEATH STREET	RIVERSIDE	RI	02915

Vice-President Name	Street Address	City	State	Zip
MARIETOU NDIAYE	11 FREDERICK STREET	NORTH PROVIDENCE	RI	02904

Secretary Name	Street Address	City	State	Zip
ABDOULAYE CISSOKO	207 SABIN STREET	PAWTUCKET	RI	02860

Treasurer Name	Street Address	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
ANOUMOU K ADOMEY	10 HEATH STREET	RIVERSIDE	RI	02915

Director Name	Street Address	City	State	Zip
MARIETOU NDIAYE	11 FREDERICK STREET	NORTH PROVIDENCE	RI	02904

Director Name	Street Address	City	State	Zip
ABDOULAYE CISSOKO	207 SABIN STREET	PAWTUCKET	RI	02860

Director Name	Street Address	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	Date
ANOUMOU K ADOMEY	**04/19/2024**

Signature of Officer/Authorized Representative

FILED 1118
MAY 1 2024
BY 4F132

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023