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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: 522320	

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: ANOUMOU K ADOMEY			Vice-President Name: MARIETOU NDIAYE		
Street Address: 10 HEATH STREET			Street Address: 11 FREDERICK STREET		
City: RIVERSIDE	State: RI	Zip: 02915	City: NORTH PROVIDENCE	State: RI	Zip: 02904
Secretary Name: ABDOULAYE CISSOKO			Treasurer Name:		
Street Address: 207 SABIN STREET			Street Address:		
City: PAWTUCKET	State: RI	Zip: 02860	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: ANOUMOU K ADOMEY			Director Name: MARIETOU NDIAYE		
Street Address: 10 HEATH STREET			Street Address: 11 FREDERICK STREET		
City: RIVERSIDE	State: RI	Zip: 02915	City: NORTH PROVIDENCE	State: RI	Zip: 02904
Director Name: ABDOULAYE CISSOKO			Director Name:		
Street Address: 207 SABIN STREET			Street Address:		
City: PAWTUCKET	State: RI	Zip: 02860	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 4F1B2

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