REC'D RIDOS BSD '25 JAN 21 PM1:55:03

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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: 001732966	2. Exact name of the Corporation: Radio Evangelique de la Grace, INC
3. State of Incorporation: Rhode Islande	5. Brief description of the character of business conducted in Rhode Island: Radio evangelique de la Grace INC, (REG) is a Radio ~~Evangel~~ NON-commercial Radio station. We seek to stimulate, Education and entertain our community Issues and gospel music and others ---
4. NAICS Code: 515111	

6. Principal Office Address	City	State	Zip
87 HENdrick st	Providence	RI	02908

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

President Name: Anicee Pamphile			Vice-President Name: Hemy Mondestin		
Street Address: 343 Magnolia st			Street Address: 136 Volturno st		
City: Cranston	State: RI	Zip: 02910	City: North Providence	State: RI	Zip: 02904
Secretary Name: Jacelyn Lundy			Treasurer Name: Raymond Charles		
Street Address: 34 whitehall st			Street Address: 102 Lynch st		
City: Providence	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02908

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

Director Name: Gesner Louis			Director Name: Sergo Guerrier		
Street Address: 38 Priscilla AVE			Street Address: 63 Lincoln AVE		
City: Providence	State: RI	Zip: 02909	City: Cranston	State: RI	Zip: 02920
Director Name: Renes Charles			Director Name: Florence Mondestin		
Street Address: 59 wealth AVE			Street Address: 136 Volturno st		
City: Providence	State: RI	Zip: 02908	City: North Providence	State: RI	Zip: 02904

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
Hemy Mondestin	1/21/2025

Signature of Officer/Authorized Representative: [signature]

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

FILED 1:55
JAN 21 2025
BY CEIZB

FORM 631- Revised: 04/2023