



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.

REC'D RI SOS BSD
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1. Entity ID Number 81780		2. Exact name of the Corporation North Providence Assembly of God			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island ESTABLISHING AND MAINTAINING A PLACE FOR THE WORSHIP OF ALMIGHTY GOD.			
4. NAICS Code 813110					
6. Principal Office Address 244 LEXINGTON AVENUE			City North Providence	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JASON FUENTES			Vice-President Name		
Street Address 550 MAPLE AVE			Street Address		
City BARRINGTON	State RI	Zip 02806	City	State	Zip
Secretary Name LYNDA GIARRUSSO			Treasurer Name LYNDA GIARRUSSO		
Street Address 7 HOBBS ROAD			Street Address 7 HOBBS ROAD		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
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 LYNDA GIARRUSSO			Director Name KEITH KELBLE		
Street Address 7 HOBBS ROAD			Street Address 17 JASON DRIVE 02815		
City WARWICK	State RI	Zip 02889	City LINCOLN	State RI	Zip 02800
Director Name BENJAMIN AJAYI			Director Name		
Street Address 20 ALICANT ST			Street Address		
City PROVIDENCE	State RI	Zip 02908	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 LYNDA GIARRUSSO				Date 4/29/2025	
Signature of Officer/Authorized Representative <i>Lynda Giarrusso</i>					

FILED

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

APR 29 2025
BY **5566H**
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FORM 631- Revised: 12/2023