RI SOS Filing Number: 202577699650 Date: 8/18/2025 11:12:00 AM

State of Rhode Island
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2025 AUG 18 A 11: 10

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: 000028990	2. Exact name of the Corporation: Radiant Christian Assembly of God
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Church / Assemblies of God
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
895 Main St	Warren	RI	02885

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

President Name: Kenn Bongiorno			Vice-President Name: Eugene Medeiros		
Street Address: 53 Bradford St			Street Address: 675 Metacom Ave #56		
City: Warren	State: RI	Zip: 02885	City: Bristol	State: RI	Zip: 02809
Secretary Name: N/A.			Treasurer Name: Eugene Medeiros		
Street Address:			Street Address: 675 Metacom Ave #56		
City:	State:	Zip:	City: Bristol	State: RI	Zip: 02809

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

Director Name: Kenn Bongiorno			Director Name: Richard Kreiger		
Street Address: 53 Bradford St			Street Address: 875 State Rd Unit 11-257		
City: Warren	State: RI	Zip: 02885	City: Westport	State: MA	Zip: 02790
Director Name: David Benevides			Director Name: Eugene Medeiros		
Street Address: 46 Roma St			Street Address: 675 Metacom Ave #56		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809

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
EUGENE MEDEIROS	8/10/25

Signature of Officer/Authorized Representative: Eugene Medeiros

FILED
AUG 18 2025
BY GYGIP

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