**State of Rhode Island**
**Department of State - Business Services Division**

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**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 |
|---|---|
| 000028990 | 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 | Vice-President Name |
|---|---|
| Kenn Bongiorno | 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 | Director Name |
|---|---|
| Kenn Bongiorno | 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