



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**

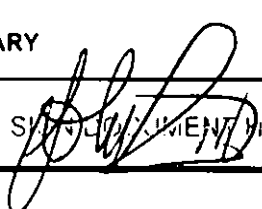
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
STATE
SECRETARY OF
CORPORATIONS
2018 MAY -7 PM 2:08
A.M.P

1. Entity ID Number 121088		2. Exact name of the Corporation East Providence Battle Monuments Foundation Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island TO RESTORE, IMPROVE AND/OR MAINTAIN WAR AND VETERANS MONUMENTS IN THE CITY OF EAST PROVIDENCE			
4. NAICS Code 813319 - Other Social Advocac					
6. Principal Office Address 901 Broadway		City East Providence		State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GLENN A. MACIEL			Vice-President Name JOHN E. REBELLO III		
Street Address P.O. BOX 14157			Street Address 901 BROADWAY		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name JOHN E. REBELLO III			Treasurer Name GLENN A. MACIEL		
Street Address 901 BROADWAY			Street Address P.O. BOX 14157		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
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 RALPH EZOVSKI			Director Name JOHN LACROSS		
Street Address 180 WASHINGTON ROAD			Street Address 100 FEDERAL ROAD		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Director Name JOHN PEIXINHO			Director Name GEORGE CUNHA		
Street Address 272 WARREN AVENUE			Street Address 23 MARTIN STREET		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative JOHN E. REBELLO III VICE PRESIDENT/SECRETARY				Date MAY 7, 2018	
Signature of Officer/Authorized Representative 				FILED MAY 07 2018 BY 330120 2146	

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