



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

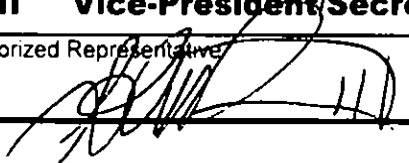
Non-Profit Corporation

→ 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
23 SEP 18 PM 1:52:06

1. Entity ID Number 121088		2. Exact name of the Corporation East Providence Battle Monuments Association, 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 and around the City of East Providence			
4. NAICS Code 813319					
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 ☐					
President Name Glenn A. Maciel			Vice-President Name John 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 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 ☐					
Director Name John Rebello IV			Director Name John LaCross		
Street Address 165 Grove Avenue			Street Address P.O. Box 14157		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
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. 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.					
<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 Rebello III Vice-President/Secretary					Date 09-01-2025
Signature of Officer/Authorized Representative 					

FILED

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

SEP 18 2025

BY 8K200

FORM 631- Revised: 12/2023