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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.

1. Entity ID Number	2. Exact name of the Corporation
121088	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	City	State	Zip
901 Broadway	East Providence	RI	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.

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
John Rebello III Vice-President/Secretary	**09-01-2025**

Signature of Officer/Authorized Representative

FILED

SEP 18 2025

BY

FORM 631- Revised: 12/2023

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