



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

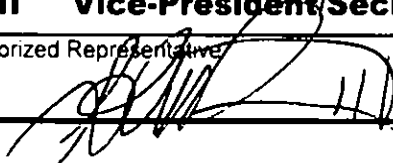
Non-Profit Corporation

→ Filing period February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

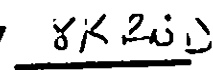
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1. Entity ID Number <b>121088</b>		2. Exact name of the Corporation <b>East Providence Battle Monuments Association, Inc</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To restore, improve and/or maintain war and veterans monuments in and around the City of East Providence</b>			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>901 Broadway</b>		City <b>East Providence</b>		State <b>RI</b>	Zip <b>02914</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Glenn A. Maciel</b>			Vice-President Name <b>John Rebello III</b>		
Street Address <b>P.O. Box 14157</b>			Street Address <b>901 Broadway</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Secretary Name <b>John Rebello III</b>			Treasurer Name <b>Glenn A. Maciel</b>		
Street Address <b>901 Broadway</b>			Street Address <b>P.O. Box 14157</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>John Rebello IV</b>			Director Name <b>John LaCross</b>		
Street Address <b>165 Grove Avenue</b>			Street Address <b>P.O. Box 14157</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Director Name <b>John Peixinho</b>			Director Name <b>George Cunha</b>		
Street Address <b>272 Warren Avenue</b>			Street Address <b>23 Martin Street</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>John Rebello III Vice-President/Secretary</b>					Date <b>09-01-2025</b>
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

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BY 

FORM 631- Revised: 12/2023