

Pin 5967



NON PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

30856		St. Stanislaus Mutual Aid Society			
3. State of Incorporation RI		1. Corporate address in Rhode Island - Street Address 458 River Street		City Woonsocket	Zip 02895
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Henry P. Haczynski			Vice President Name Andrzej Bialonczyk		
Street Address 1248 Reynolds Rd.			Street Address 111 Water spring Street		
City Glocester	State RI	Zip 02814	City Woonsocket	State RI	Zip 02895
Secretary Name Larry Warot			Treasurer Name Zbigniew Haczynski		
Street Address 41 N. Nittle Dr.			Street Address 192 Myette Street		
City Attleboro	State MA	Zip 02760	City Woonsocket	State RI	Zip 02895-6063
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Henry P. Haczynski			Director Name Mark Haczynski		
Street Address 1248 Reynolds Rd.			Street Address 116 Peachtree Lane		
City Glocester	State RI	Zip 02814	City N. Andover	State MA	Zip 01845
Director Name Larry Warot			Director Name Andrzej Bialonczyk		
Street Address 41 N. Nittle Dr.			Street Address 111 Water sprig Street		
City Attleboro	State MA	Zip 02760	City Woonsocket	State RI	Zip 02895
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date JUN 08 2011

Check No. By *mmc*

By *4366*

FOR SECRETARY OF STATE USE ONLY

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.

Zbigniew Haczynski 6/7/11

Signature of Officer Date

Zbigniew Haczynski

Print or Type Name of Officer

Treasurer

Title of Officer