



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 30173		2. Exact name of the Corporation POLISH NATIONAL ALLIANCE, GROUP 1770 OF CROMPTON, R.I.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island FRATERNAL BENEFIT SOCIETY			
5. Principal office address 194 RIVER FARMS DR.		City WEST WARWICK	State RI	Zip 02893	
President Name THADDEUS JENDZEJEC			Vice-President Name JOZEF DOBRZANSKI		
Street Address 120 LEGION WAY			Street Address 21 KULAS RD.		
City CRANSTON	State RI	Zip 02910	City W. WARWICK	State RI	Zip 02893
Secretary Name JOHN E. MAILLOUX			Treasurer Name DAVID J. SKURKA		
Street Address 194 RIVER FARMS DR.			Street Address 301 E. GREENWICH AVE.		
City W. WARWICK	State R.I.	Zip 02893	City W. WARWICK	State R.I.	Zip 02893
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JOHN E. MAILLOUX			Director Name GEORGE H. TRUMAN, JR.		
Street Address 194 RIVER FARMS DR.			Street Address 35 ORCHARD DR.		
City W. WARWICK	State R.I.	Zip 02893	City CRANSTON	State RI	Zip 02920
Director Name THADDEUS JENDZEJEC			Director Name		
Street Address 120 LEGION WAY			Street Address		
City CRANSTON	State R.I.	Zip 02910	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND JOHN E. MAILLOUX					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY BY _____

FILED

JUN 23 2014

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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.

John E. Mailloux 6/20/14
 Signature of Officer or Authorized Representative Date

JOHN E. MAILLOUX
 Print or Type Name of Officer or Authorized Representative