



**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. <u>30173</u>		2. Exact name of the Corporation <u>POLISH NATIONAL ALLIANCE, GROUP 1770 OF CROMPTON, R.I.</u>			
3. State of Incorporation <u>RHODE ISLAND</u>		4. Brief description of the character of business conducted in Rhode Island <u>FRATERNAL BENEFIT SOCIETY</u>			
5. Principal office address <u>194 RIVER FARMS DR.</u>		City <u>WEST WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>	
President Name <u>THADDEUS JENDZEJEC</u>		Vice-President Name <u>JOZEF DOBRZANSKI</u>			
Street Address <u>120 LEGION WAY</u>		Street Address <u>21 KULAS RD.</u>			
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>W. WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>
Secretary Name <u>JOHN E. MAILLOUX</u>		Treasurer Name <u>DAVID J. SHUKKA</u>			
Street Address <u>194 RIVER FARMS DR.</u>		Street Address <u>301 E. GREENWICH AVE.</u>			
City <u>W. WARWICK</u>	State <u>R.I.</u>	Zip <u>02893</u>	City <u>W. WARWICK</u>	State <u>R.I.</u>	Zip <u>02893</u>
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 <u>JOHN E. MAILLOUX</u>		Director Name <u>GEORGE H. TRUMAN, JR.</u>			
Street Address <u>194 RIVER FARMS DR.</u>		Street Address <u>35 ORCHARD DR.</u>			
City <u>W. WARWICK</u>	State <u>R.I.</u>	Zip <u>02893</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>
Director Name <u>THADDEUS JENDZEJEC</u>		Director Name			
Street Address <u>120 LEGION WAY</u>		Street Address			
City <u>CRANSTON</u>	State <u>R.I.</u>	Zip <u>02910</u>	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND <u>JOHN E. MAILLOUX</u>					
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

**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