



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 2015

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. 30077		2. Exact name of the Corporation Polish-American Citizens' Club			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Social Club			
5. Principal office address 244 ANNIE STREET		City Pawtucket		State RI	Zip 02861
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Scott Spychalla			Vice-President Name Scott Ethier		
Street Address 218 Daggett Avenue			Street Address 50 Byron Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Jon Hall			Treasurer Name Scott Spychalla		
Street Address 1038 York Avenue			Street Address 218 Daggett Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Scott Spychalla			Director Name Scott Ethier		
Street Address 218 Daggett Avenue			Street Address 50 Byron Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name Jon Hall			Director Name		
Street Address 1038 York Avenue			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
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

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A.A.

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.

Scott Spychalla
Signature of Officer or Authorized Representative

3-27-15

Date

Scott Spychalla

Print or Type Name of Officer or Authorized Representative