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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.	2. Exact name of the Corporation
30159	Polish Falcon Club Nest No 172 of West Warwick, Rhode Island
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: Fraternal and educational organization

5. Principal office address	City	State	Zip
1551 Centreville Road	Warwick	RI	02886

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Janice J. Peixnho	25 Knight Street	West Warwick	RI	02893

Vice-President Name	Street Address	City	State	Zip
Frank Symkowicz	300 Crestwood Road	Warwick	RI	02886

Secretary Name	Street Address	City	State	Zip
Kristen Kelliher	11 Nicole Drive	West Warwick	RI	02893

Treasurer Name	Street Address	City	State	Zip
Keith Kelliher	11 Nicole Drive	West Warwick	RI	02893

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Janice J. Peixnho	25 Knight Street	West Warwick	RI	02893

Director Name	Street Address	City	State	Zip
Keith Kelliher	11 Nicole Drive	West Warwick	RI	02893

Director Name	Street Address	City	State	Zip
Frank Symkowicz	300 Crestwood Road	Warwick	RI	02886

Director Name	Street Address	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
JUN 08 2015
BY 1339

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.

Janice J. Peixnho 5/30/2015
Signature of Officer or Authorized Representative Date

JANICE J. PEIXNHO
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
121684-24-764477