



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN 15 PM 3:24

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

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

1. Entity ID Number		2. Exact name of the Corporation			
28787		CASIMIR POLASKI HOME ASSOCIATION OF CENTRAL FALLS RI			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		THE PURPOSE OF THE POLASKI SOCIETY IS TO CONSOLIDATE THE PATRIOTIC STRENGTH OF AMERICAN CITIZENS OF POLISH DESCENT FOR MUTUAL AID AND GREATER SERVICE TO THE UNITED STATES			
5. Principal Office Address		City	State	Zip	
516 ROOSEVELT AVE		CENTRAL FALLS	RI	02863	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name		Vice-President Name			
WOJCIECH WROBLEWSKI		Jerzy Stepich			
Street Address		Street Address			
326 Pike Ave		21 Carolosi Ct			
City	State	Zip	City	State	Zip
Attleboro	MA	02703	Pawtucket	RI	02861
Secretary Name		Treasurer Name			
ZBIGNIEW GAJDA x6		TADEUSZ ZALENSKI			
Street Address		Street Address			
919 READ ST		75 GOVERNOR STREET			
City	State	Zip	City	State	Zip
ATTLEBORO	MA	02703	CUMBERLAND	RI	02863
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name		Director Name			
WOJCIECH WROBLEWSKI		Jerzy Stepich			
Street Address		Street Address			
326 Pike Ave		21 Carolosi Ct			
City	State	Zip	City	State	Zip
Attleboro	MA	02703	Pawtucket	RI	02861
Director Name		Director Name			
ZBIGNIEW GAJDA x6		TADEUSZ ZALENSKI			
Street Address		Street Address			
919 READ ST		75 GOVERNOR STREET			
City	State	Zip	City	State	Zip
ATTLEBORO	MA	02703	CUMBERLAND	RI	02863
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative					Date
TADEUSZ ZALENSKI					6-09-16
Signature of Officer/Authorized Representative					
SIGN DOCUMENT HERE					

FILED

JUN 15 2016

BY CH 276723