



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 28790		2. Exact name of the Corporation CASIMIR POLASKI MUTUAL AID SOCIETY			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in 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 516 ROOSEVELT AVE		City CENTRAL FALLS	State RI	Zip 02863	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
✓ President Name WACIECH WROBLEWSKI		✓ Vice-President Name Jerzy Stepowicz			
Street Address 326 Pike Ave		Street Address 21 CARDOSI CT			
City Attleboro	State MA	Zip 02703	City Pawtucket	State RI	Zip 02861
✓ Secretary Name ZBIGNIEW GAJDA zG		✓ Treasurer Name TADEUSZ H. ZALEWSKI			
Street Address 919 READ ST		Street Address 75 GOVERNOR STREET			
City ATTLEBORO	State MA	Zip 02703	City CUMBERLAND	State RI	Zip 02864
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
✓ Director Name WACIECH WROBLEWSKI		✓ Director Name Jerzy Stepowicz			
Street Address 326 Pike Ave		Street Address 21 CARDOSI CT			
City Attleboro	State MA	Zip 02703	City Pawtucket	State RI	Zip 02861
✓ Director Name ZBIGNIEW GAJDA zG		✓ Director Name TADEUSZ H. ZALEWSKI			
Street Address 919 READ ST.		Street Address 75 GOVERNOR STREET			
City ATTLEBORO	State MA	Zip 02703	City CUMBERLAND	State RI	Zip 02864
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 TADEUSZ ZALEWSKI				Date 6-09-16	
Signature of Officer/Authorized Representative Jolewski SIGN DOCUMENT HERE					

FILED

JUN 15 2016

BY CA 276723