



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

Annual Report for the year: 2017
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 30173		2. Exact name of the Corporation POLISH NATIONAL ALLIANCE, GROUP 1970 OF CROMWELL, RI			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island FRATERNAL BENEFIT SOCIETY			
4. NAICS Code 813211					
6. Principal Office Address 194 RIVER FARMS DR			City WEST WARWICK	State RI	Zip 02893
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID M. SHURKA			Vice-President Name DOZEF DOBRZYANSKI		
Street Address 311 E. GREENWICH AVE.			Street Address 1177 MIDDLE RD.		
City W. WARWICK	State RI	Zip 02893	City E. GREENWICH	State RI	Zip 02818
Secretary Name JOHN E. MAILLOUX			Treasurer Name DAVID J. SHURKA		
Street Address 194 RIVER FARMS DR.			Street Address 311 E. GREENWICH AVE.		
City W. WARWICK	State RI	Zip 02893	City W. WARWICK	State RI	Zip 02893
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN E. MAILLOUX			Director Name GEORGE H. TRUMAN, JR.		
Street Address 194 RIVER FARM DR.			Street Address 35 OAKHARD DR.		
City W. WARWICK	State RI	Zip 02893	City CRAWFORD	State RI	Zip 02930
Director Name DAVID J. SHURKA			Director Name		
Street Address 311 E. GREENWICH AVE.			Street Address		
City W. WARWICK	State RI	Zip 02893	City	State	Zip
9. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative JOHN E. MAILLOUX, FINANCIAL SECRETARY					Date JULY 7, 2017
Signature of Officer/Authorized Representative <i>John E. Mailoux</i>					SIGN DOCUMENT HERE

FILED

JUL 13 2017

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