



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

Annual Report for the year: 2018
 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 1770 OF CRANSTON, RI	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island FRATERNAL BENEFIT SOCIETY	
4. NAICS Code 813410			
6. Principal Office Address 194 RIVER FARMS DR.		City WEST WARWICK	State R.I.
		Zip 02893	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name CYNTHIA HAVAS		Vice-President Name JOSEY DOBRYZANSKI	
Street Address 75 HILLTOP DR.		Street Address 1177 MIDDLE RD.	
City CAROLINA	State RI	Zip 02812	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 R.I.	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 FARMS DR.		Street Address 35 ORCHARD DR.	
City W. WARWICK	State RI	Zip 02893	City CRANSTON
			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.			
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 JOHN E. MAILLOUX, FINANCIAL SECRETARY			Date JULY 19, 2018
Signature of Officer/Authorized Representative <i>John E. Mailloux</i>			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JUL 23 2018

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