



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

Annual Report for the year: **2019**
 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.

FILED
 JUN 26 2019 *SV*
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1. Entity ID Number 00028787		2. Exact name of the Corporation Casimir Pulaski Home Association of Central Falls, RI			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Promoting and Enhancement of the Polish People in Rhode Island.			
4. NAICS Code 813410					
6. Principal Office Address 516-518 Roosevelt Ave		City Central Falls	State RI	Zip 02663	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jacek Kozlowski		Vice-President Name Wieslaw Grela			
Street Address 12 Victoria St		Street Address 17 Sanctuary Lane			
City Smithfield	State RI	Zip 02917	City Seekonk	State MA	Zip 02771
Secretary Name Zbigniew Gajda		Treasurer Name Jozef Krol			
Street Address 919 Read St		Street Address 54 Esmond St			
City Attleboro	State MA	Zip 02703	City Smithfield	State RI	Zip 02917
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 Wojciech Wroblewski		Director Name Andrew Pora			
Street Address 326 Pike Ave		Street Address 28 Fenton Ave			
City Attleboro	State MA	Zip 02703	City Attleboro	State MA	Zip 02703
Director Name Brian Curt		Director Name NONE			
Street Address 118 Main St		Street Address			
City Fall River	State MA	Zip 02724	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 Jozef Krol				Date 6/20/2019	
Signature of Officer/Authorized Representative <i>Jozef Krol</i> SIGN DOCUMENT HERE					

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