



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

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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:
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 Website: www.sos.ri.gov