

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Divisic 100 North Main Stre

Providence, RI 02903-135 401.222.304

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: June 1 - Jake 30 • Filing Fee: \$20.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2 Name of Corporation POLISH AMERICAN MUTUAL BENEFIT ASSOCIATION 30135 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address **RHODE ISLAND** 5 Foreign corporation. Enter principal office address 6 Brief Description of the character of the affairs which are actually conducted in Rhode Island PROMOTING POLISH HERITAGE/CULTURAL ACTIVITIES AND SCHOLARSHIPS 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name ENEFIT 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT'S THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name CD WARD .hursKi Director Name WASZECIAN Street Address State RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 9. RÉGISTERED AGENT IN Agent Name Address**RICHARD NOVAK** Addness ZIP. **5 ROLLINGWOOD DRIVE** LINCOLN 02865-

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	30135	
ile Date	Co-1-0+	
a	1032	

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 this and correct.

Signature of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Divisic 100 North Main Stre Providence, RI 02903-135 401.222.304

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: June 1 - June 30 • Filing Fee: \$20.00

2004

(FORM MUST BE TYPED OR P	PRINTED IN BIACK)					
1. Corporate ID No.	2 Name of Corporation				-	
30135	POLISH AMERICAN MUTUAL BENE	FIT ASSOCIATIO	N			
3. State of Incorporation	4. Corporate address in Rhode Island -	1		City		Zip O
RHODE ISLAND	15 ROLLINGWO	od) R	LINCO	LN	02865
5. Foreign corporation. Enter p	rincipal office address	Ì	City	State		Zip
			<u></u>	<u> </u>		
• •	ter of the affairs which are actually conduc					
PROMOTING POLISH H	ERITAGE/CULTURAL ACTIVITIES	AND SCHOLAR	RSHIPS			
7. NAMES AND ADDRESS	SES OF THE OFFICERS: ("X" BOX	FOR ATTACHM	(ENT) 📋 FILL IN SPACES BI	EFORE USIN	G АТТАСН	IENTS
President Name	NI-VILE		Vice President Name			· .
RICHARA	NOVAK			115ZE	<u>CIAK</u>	JR.
5 RALLING	-wood bk		Since Address INTERV.	11.6	DR	
CID.	State		CILV LIVIERY	Sinie	F	7/0
LINCOLN	RI 1028	165	CVABERLAND	P.T.		~\gap60
Secretary Name			Treasurer Name	, , 4	l	
MICHAEL	ZAREK		CHARLES K	10071	ERX	
363 LIND	SEY ST.	•	Street Address 342 HIGH	72		
City	State Zip	2.2	City	Sinte 10		Zip O D o /
ATTLEBURO	1 W Y 1050		ره اح ،	1/7		02806
8. NAMES AND ADDRESS			MENT) FILL IN SPACES B			
THE NUMBER OF DIREC	TORS OF A DOMESTIC (RHODI	E ISLAND) CO I	DRPORATION <u>SHAJJ, NOT</u> F Director Name	<u> I.E.Ş.Ş.T.HA</u>	<u>NTHREE</u> ((3). R.I.G.L. 7-6-23
EDWARD	STACHURSKI		JOHN RAZK	IEWI	27	
3 RED	ChIMNEY DR.		Sircol Address 158 BENE		Sr.	
L/NCOLN	state RI O2P	65	PAWTUCKET	Sinic R I		04860
Director Name - N	UASZECIAK		Director Name	•	•	
SIRVI Address 737 PE	NEFIT ST		Sirvei Address			
PAWTUCKET	State Zip	P60	Cuy	State		Zip
	N RHODE ISLAND - DO NOT AL		s require filing of Form 64	 {1 - R.1.G.L	7-6-13 / 7-6	5.78
Agent Name	*		Address		. 0 - 0 , 1 . 1 . 1	•
RICHARD NOVAK						
Address			City		Zip	
5 ROLLINGWOOD DRIVE			LINCOLN		02865	
This report must be	oc signed in ink by either the Pres	sident Vice Pr	esident Secretary Assistant S	Secretary Tre	•	
			omacin, occiding, masiatalit c	rectelally, 110	asuici, Nec	ALC: OF TRUSTEE
	68 6 1 88					

FOR SECRETARY OF STATE USE ONLY

RECEIVED

JUN 0 9 2002

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report, including any accompanying schedules and statements, and that all structurents contained herein are true and correct. Signature

Under penalty of perjury, I declare and affirm that I have examined this



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street. Providence, RI 02903-1335 401.222.3040

DODIT CORRODATION ANNUAL DEPORT FOR THE VEAR 2003

NON-PROFIT CO			REPORT FOR TH	IE YEAR _	2003
FORM MUST BE TYPED OR P	-				
1. Corporate ID No.	2. Name of Corporation				
30135		NUTUAL BENEFIT ASSOCIAT			
3. State of Incorporation	1 - ' -	n Rhode Island - Street Addi		City	Zip
RHODE ISLAND		<u>UGWOOD DR</u>	· · · · · · · · · · · · · · · · · · ·	LINCOLN	02765
5. Foreign corporation. Enter pr	incipai office adaress		City	State	Zip.
6. Brief Description of the charac PROMOTING POLISH HE		•			
7. NAMES AND ADDRESSE	S OF THE OFFICER	S ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES	BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
RICHARD NO	DVAK			<u>JASZEC</u>	IAK JR.
Sirce Address 5 ROLL ING-WOO	d DR.		Street Address 18 INTERVAL	= DR	
City LINCOLN	State	72p Odrip 65	CUMBERLAND	State	02764
Secretary Name	AREK	V	Treasurer Name	TIEWICZ	
Street Address			Street Address	_	
<u>363 LINDSB</u>	State	Zip	158 BENES	State	Zip
ATTLEBORD	MA	02073	PAWTUCKET	RI	07860
8. NAMES AND ADDRESSES THE NUMBER OF DIREC	CTORS OF A DOMES	TIC (RHODE ISLAND)	CHMENT) (FILL IN THE SP. CORPORATION SHALL NOT	ACES BEFORE US BE LESS THAN	HREE (3). R.I.G.L. 7-6-23
Director Name	1		Director Name		
EDWARD ST	<u>Achurski</u>		Street Address	<u> FOCZERA</u>	
3 RED Chi	NNEY DI	R	اينيا المناسا	ST	
City LINCOLN	State	02865	City C ₆ F	State RI	02806
Director Name HELEN WA	SZECIAK	•	Director Name		SEC
Sircel Address BENE			Street Address		5 70 mm
PANTUCKET	State	Zip 02860	City	State	
<u> </u>	N 4			11/01/2/12/	
Agent Name	KHODE ISLAND - D	O NOT ALTER - Chang	ges require filing of Form 641 Address	- K.I.G.L. /-6-13/	1-0-70 - 17 (1-10)
-			, manicus		TA TA
WALTER WASZCIAK Address	. 		City	Zip	<u> </u>
				124	
737 BENEFIT STREET	in ink by aither th	a Pracidous Vica Pra	PAWTUCKET	Sacratura Tracus	02860
ims report must be signed	Balai usas walan	e i resmem, vice i re.	sidem, Secretary, Assistant	Secretary, Treasi	irei, Receiver or Trusice
			Under penalty of perjury,		
* 3	<u>U 1 3 5</u>	ገ *	this report, including any and that all statements cor		
FIL	E D		I reliad	Tural	6-4.03
Check No. JUN 1	2003		Signature of Officer	NOVAK	Daie
By	M 32081.	<u>_</u>	Print or Type Name of Offic		
PON OCCUPIENT BY ON CONTROL			PRESIDENT		

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

1€ 1

NON-PROFIT CORPORATION

Со	rporate ID Number <u>DNP-30135</u>	Aimus: Report for the year 2002
1.	The name of the corporation is POLISH AN	MERICAN MUTUAL BENEFIT ASSOCIATION
2. 3.		of which it is incorporated is RHODE ISLAND corporation in this state is 737 BENEFIT STREET PAWTUCKET, RI
	and the name of its registered agent in this	state at that address is WALTER WASZCIAK
4.	<i>)</i>	lly conducting in Rhode Island, briefly stated, is
5	If a foreign corporation, the address of its pr	incipal office in the state or other jurisdiction under the laws of which it is
	incorporated is	
6.	Corporate address in Rhode Island —	-737 Benefit of Pawlucket RB
7.	number of directors of a domestic (Rhode Is	fficers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the sland) corporation shall not be less than three (3).)
	NAME OFFICE	ADDRESS
6	Stackurski Director	3 Red Chimney Gr. Langer BO
	using Suradoust Director	21 Bleomfork Pawwest Re
120	Acelalando Director	De Bleitsburge Georgest De
	Usz Waszeciak President	137 Benefit & Powlerchet RQ
12	vice-President	5 Rollingwood De Leosceln RS
710	used Jack Secretary	363 Kindsey attle Boro Mass
	van Bazukuing Treasurer	158 Benedict If Painthebut RO
Da	ted:	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.
	* 3 0 1 3 5 *	Exact Name of Corporation
F	OR SECRETARY OF STATE USE ONLY	By Staten Hassenate.
File !	Date:	Title Reservent
	149	(Report must be signed by an officer)
_nec	k No.:	Form No. 631
3y: •		Revised 5/98

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

A Bus

		NON-PF	ROFII CORPORATION		
Co	orporate ID Number <u>DNP-30</u>	135	Annual Report for the year 2001		
1.	The name of the corporation	is POLISH AM	ERICAN MUTUAL BENEFIT ASSOCIATION		
2.			of which it is incorporated is RHODE ISLAND		
3.	O2860		orporation in this state is		
	and the name of its register	ed agent in this s	state at that address is WALTER WASZCIAK		
4.	The character of the affairs		ly conducting in Rhode Island, briefly stated, is <u>Functionics</u>		
5	If a foreign corporation, the incorporated is	address of its pri	ncipal office in the state or other jurisdiction under the laws of which it is		
6.	•	siand Walk	ter Wasgerich 737 Benefet St Pouludet R		
7.			ficers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the land) corporation shall not be less than three (3).)		
	NAME	OFFICE	ADDRESS		
فلم	cherid Starkuski	_Director	3 Red Chimney Hell RV Reneets PO.		
7	saxed leavafaishi	_Director	55 Granfield Rd Leenn RB		
4	Hon Ste expourpi	_Director	Its. Those Valley Rd. Coventice RD		
	alter of asservan	_President	737 Genefit St Particket RS		
24	echaid kovak	_Vice-President	5 Mollingwood On Kenesta K.		
14	uckeaf Jack	_Secretary	260 Kindberg attle Mass.		
H	Om reasucienes	_Treasurer	300 Broading Parturet P.		
Da	nted: 6/5/0/		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.		
	* 3 0 1 3 5 * Exact Name of Corporation				
2	FOR SECRETARY OF STATE USE OF	NLY -0/	By Polish-Am Hubert Benefit Gas.		
File	Date:	-	Title Maller of Wagerok Pres.		
Chc	ck No.:	_	(Report must be signed by an officer)		

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

	NON-PROFIT CORPORATION				
Co	rporate ID Number <u>DNP-30</u>	0135	Annual Report for the year_2000		
1.	The name of the corporatio	n is POLISH AN	MERICAN MUTUAL BENEFIT ASSOCIATION		
2.	The state or other jurisdiction	on under the laws	s of which it is incorporated is RHODE ISLAND		
3.	-		corporation in this state is 737 BENEFIT ST. PAWTUCKET, RI 02860		
	and the name of its registe	red agent in this	state at that address is WALTER WASZCIAK		
4.			Ily conducting in Rhode Island, briefly stated, is <u>PROMOTING</u> URAL ACTIVITIES & SCHOLARSHIPS.		
5	If a foreign corporation, the	address of its pr	incipal office in the state or other jurisdiction under the laws of which it is		
6.	corporate address in Rhod		AME		
7.	7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, to number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)				
•	NAME	OFFICE	ADDRESS		
De Vig	ward Staduershi Le Harawelski George Carried Jean Facek Jean Facek	_Director _Director _Director _President _Vice-President _Secretary _Treasurer	1134 Newfood are Prestrected RL 55 Seconfield Rd. Cambe RL 18 Internal Dube General: RV 737 Berufiel ff Pacifiedat RV 5 Rolling Wood. Lincoln RJ 02865 363 Thadsoph Atte Via 02803- 26 Bishof It Pacifiedat RJ		
Da	ted: 6/16/00	<u> </u>	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. Politic-Antenion Medical Briefet Composition Exact Name of Corporation		
	OR SECRETARY OF STATE USE O	NLY	By Marter Wasserak Title President		
Chec	k No.: 122	_	(Report must be signed by an officer)		

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

NON-PROFIT CORPORATION

		_		
Co	rporate ID Number ND-3013	5	_ Annual Report t	for the year 1999
1.	The name of the corporation	is POLISH A	MERICAN MUTUAL BENEFIT ASSOCIATION	
2.	The state or other jurisdiction	n under the laws	s of which it is incorporated is Rhode Island	
3.	The address of the registere	ed office of the o	corporation in this state is 737 BENEFIT STREE	ET PAWTUCKET, RI
	02860			
	and the name of its register	ed agent in this	state at that address is WALTER WASZCIAK	~
4.			ally conducting in Rhode Island, briefly stated, is	Rowding
'Y 5			-	asiba lawa asiwhiah isia
J	incorporated is	,	rincipal office in the state or other jurisdiction und	er the laws of which it is
6.	Corporate address in Rhode	Island 122	1. Bene It & Danstraket 3	<i>77</i>
Ο.	Corporate address in Knode	131a11u / 1/2/	wages of house of	
7.			fficers: (In compliance with 7-6-23 of the R.I.G.L. sland) corporation shall not be less than three (3).,	
	NAME	OFFICE	ADDRESS	
υ] Δ <u>.</u>	Stactuski	Director	3 Red Chimney Hell Rd L	incoln RJ. 02865
200	and Kalalarski	Director	55 Guenfield Re Cumpe	land RB 02844
2/	len Steen Rownie	Director	260 Shods Vallag Ra Go	centra RJ 00814
1/0	alley Maszeciak	President	737 Genelit St. Meerlucker &	2 02861
Ri	chard, Hovak	Vice-President	5 Rollingwood Pu Kincol	4 RO 62965
M	Cucheo Tarik	Secretary	363 Lineson attre	Mase.
$\int_{\mathcal{U}}$	Ohn. Razukiewicz	Treasur e r	158 Benedit & Partick	bett 88 02860
	1/1/10	•		,
Da	ted: 8///99		Under penalty of perjury, I declare and affirm that I report, including any accompanying schedules and st	
			all statements contained herein are true and correct.	(0 0 A
			Polish ancruon Kutual Buch	of association
	* 3 U 3 7 *		Exact Name of Corpor	ation
File	FOR SECRETARY OF STATE USE ON Date: 6-3-79	NLY	By States Hasquer	
			TitlePresedent.	
Che	ck No.: /// AINF		(Report must be signed by an	officer)
Ву:				Form No. NP-13 Revised 5/98

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

	NON-PROFIT CORPORATION			
Co	Corporate ID Number ND-30135	nual Report for the year 1998		
1.	The name of the corporation is POLISH AMERICAN MUTUAL BENEFIT ASSO	CIATION		
2.	2. The state or other jurisdiction under the laws of which it is incorporated is RHOI	DE ISLAND		
3.				
	and the name of its registered agent in this state at that address is WALTER W.	ASZCIAK		
4.	4. The character of the affairs which it is actually conducting in Rhode Island, briefly Scholuships + Contubations to Polish Veilture	estated, is <u>Kunnding</u>		
5	If a foreign corporation, the address of its principal office in the state or other juris incorporated is	sdiction under the laws of which it is		
6.	6. Corporate address in Rhode Island			
7.	7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of number of directors of a domestic (Rhode Island) corporation shall not be less that			
	NAME OFFICE ADDRE	ess		
Service Servic	Dated: Under penalty of perjury, I declare and a			
File	FOR SECRETARY OF STATE USE ONLY File Date: Check No.: (Report must be s			

To be filed annually during the month of June

State of Rhode Island and Providence Plantations

Corporation Division 100 North Main Street Providence, RI 02903

NON-PROFIT CORPORATION

Corporate ID Number 0050155	Annual Report for the year1997
FIRST: The name of the corporation is	FOLISH AMERICAN MUTUAL BENEFIT ASSOCIATION
SECOND: It is incorporated under the	laws of STATE OF AHODE ISLAND
THIRD: The character of the affairs wh	nich it is actually conducting in Rhode Island, briefly stated, is
PRUVIDING SCHOLARSHIPS A	ND CONTRIBUTIONS TO POLISH CULTURAL ACTIVITI
FOURTH: If a foreign corporation, the	address of its principal office in the state or country under the laws of
which it is incorporated is	
FIFTH: Corporate address in Rhode Isl	and 737 Benefit & Pautuket RZ
THE TITLE OF POINTS AND ADDRESS OF THE TOTAL OF THE	
Reenactment of 1994, the number of Directors	rectors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, of a corporation shall not be less than three (3).) CEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.
NAME OFFICE	ADDRESS
clurand Stachuski Director	3 Red Climney Dr. Lincoln
Miller Fasseciak Ja Director	18 Intervale Fi Cum RD
Richard novak Director	3 Bollingward Dr. Lindoln, Rol
Write Hazzerick President	737 Benell St Pautudet RI
Wichard Nouth Vice-President	5 Rollmon od Gr. Lewish R.O
Michall Dans	363 Eindrew HHles B Mass.
Joseph Sweet Secretary	158 Benedick Paintichet RI
(If additional space is needed, attach rider)	O / Sanday / Cartainer 11/9
Dated: 6/4/97 FILED 97	Notesh American Muture Benefit Asso.
JUN 2 5 144/	By Watter Wassensk
By 197430-1031	Title President
	(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed.

Please contact the Corporation Division, 277-3040, for further information.

Corporate ID Number 0050155

To be filed annually during the month of June

Annual Report for the year...... 1996

State of Rhode Island and Providence Plantations

Corporation Division 100 North Main Street Providence, RI 02903

NON-PROFIT CORPORATION

FIRST: The name of the corporation is	POLISH AMERICAN MUTUAL BENEFIT ASSOCIATION
SECOND: It is incorporated under the	laws of RI
THIRD: The character of the affairs who Romoting Polish cultures	ich it is actually conducting in Rhode Island, briefly stated, is effacies, cettzenslip + Scholaiskip
FOURTH: If a foreign corporation, the	address of its principal office in the state or country under the laws of
which it is incorporated is	FAIBAP& Box 3168 Dailington P.C. Pawticket BQ
Reenactment of 1994, the number of Directors	rectors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, of a corporation shall not be less than three (3).) CEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.
	• •
NAME OFFICE	3 Red Chimney Or Lincoln R.I
Hard Kuladalse Director	55 Greenfield Rt. Comb. R.F
Ruhand Morak Director	5 Rollingwood Die Lencoln P. I
Hale Hassuas President	737 Benefit It Pacetudet RI
Ruchard Novak Vice-President	5 Rollingwood Dr Lincoln RQ
Micheal Zaick Secretary	363 Kindsey alle Mass
John Rozukuuck Treasurer (If additional space is needed, attach rider)	158 Benedikt - Paevlucket RS
Dated: 4 29 19 96	(Name of Corporation)
By CCL 10 20	Title Halles Hazcier Benefit Lesso. (Report must be signed by an officer)

To be filed annually during the month of June

State of Rhode Island and Providence Plantations

Corporation Division 100 North Main Street Providence, RI 02903

NON-PROFIT CORPORATION				
Corporate ID Number	0030135	Annual Report for the year		
FIRST: The nam	e of the corporation is	s POLISH AMERICAN MUTUAL BENEFIT ASSOCIATION		
SECOND: It is in	corporated under the	laws of State of R. I.		
		table organization.		
FOURTH: If a for	reign corporation, the	address of its principal office in the state or country under the laws of		
which it is incorporated is	N/P			
FIFTH: Corporate	e address in Rhode Is	sland 737 Benefit Street		
	••••••	Pawtucket, RI 02861		
		irectors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, of a corporation shall not be less than three (3).)		
THIS REPORT	WILL NOT BE AC	CEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.		
NAME	OFFICE	ADDRESS		
Edward Stachu	RSA!! Director	3 REJ ChimONEY DR LINCOLN P.1 03865		
DAVID KAKAFAK		55 GREETY PAER Rd CUMB PI ODSLY		
CLEN Shecedow	/Sk/. Director	260 Shady Valley Rd Coventry PI 02814		
Walter Waszeei	a.kPresident	737-Benefit St Pautucket RIDESbl		
Richard Noval	Vice-Presiden	, 5-Rolling wood Dr. Lincoln, RI 02865		
Jacob Jakob	s chesecretary	9-Slocum St, AHleboro, MA 02703		
John Razukiewi		, 5-Rolling wood Dr., Lincoln, RI 02865 9-Slocum St., AHleboro, MA 02703 26-Bishop St., Pautucket, RI 02866		
		Polish Amer Mutual Benetit Association		
Dated: PA	D 1002 1995	(Name of Corporation) By Heller Hassician Title President		
SEC'Y OF S		Title President		
3, 5	71AIE	(Report must be signed by an officer)		

Filing For: \$20.00

To be filed annually during the month of June

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number 0030135	Annual Report for the year	1994
FIRST: The name of the corporation is	Polish american nutual Be	rafit Assoc
SECOND: It is incorporated under the law THIRD: The character of the affairs which Bau & Restau	ws of Rhode Island ch it is actually conducting in Rhode Island, b	riefly stated, is
	ddress of its principal office in the state or con	
FIFTH: Corporate address in Rhode Islan	nd 737 Benefit St. Par	vetucket RI
SIXTH: Names and addresses of its direct	nust include street, number if any, and zip code)	AUS 1 : 1994
Column Stackwake Director Valle Wassewsk & Director Matter Hassewsk President Richard Novak Vice President Nucleal Zosek Secretary John Rogulaunca Treasurer (If additional space is needed, attach rider) Dated: 1994	3 Red Chimney De Rence 18 niturale De Combe: R. 9 Slocum & Relle 737 Benefit St. Paint 363 Lendson Buttle 158 Benefit & Pautu Polish am Milust Benefit & (Name of Corporation) By Factor Hasspeick	dy R.J. 02865 I 62864 Ma. 02730 RS 02868 J. RS 02865 Ma. 02763
	11116	ast be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

To be filed annually during the month of June 1

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Annual Report for the year 1993
lish Menerican Mutual Benefit Asso-
of Rhothe Dolond is actually conducting in Rhode Island, briefly stated, is the subject of the state of the
ess of its principal office in the state or country under the laws of 737 Benefel St. Pawtiecket RI
include street, number if any, and zip code) ADDRESS, MR.C. Bod Cheminary De Lincoln R.D. 02865 18 Surperale De Corner R.D. 02864 9 Slown ff. S. Atle Wass 02730 737 Benefit St Pautucket R.D. 028661 5 Rollingwood De Lincoln R.D. 02865 363 Lindsey Alle Wass 02703 158 Benedict ff. Pawherlet R.D. 02861 Olish American Natural Benefit Assoc (Name of Corporation) By Factor Hassicak Title President
t t

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

To be filed annually during the month of June

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number00	30135	Annual Re	eport for the year	1992	
First: The name of t	he corporation is	POLISH	AMERICAN MUTUA	_ BENEFIT	ASSOC
SECOND: It is incorpo	orated under the laws of	R.I	Ges		
. THIRD: The character	of the affairs which it is	actually conducting	g in Rhode Island, brief	ly stated, is	•••••
which it is incorporated is		VONE	•••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	aws of
FIFTH: Corporate add	dress in Rhode Island	737 BEN	FFIX ST PAWKUCKEL	RI	
SIXTH: Names and ac	ldresses of its directors ar	nd officers:		PAID	
	(Addresses must in	clude street and numb	er, if any)	JUL 27 13	92
NAME	OFFICE		ADDRESS	:::0:::0:	, , , , ,
	Director			*******************	
	Director				
of from	Director			£	
Jales Hazeres	President 2	137 Zenefi	1 St Paulocke	TRY	,
Richard novak	Vice President	2 Kelmi	s Rd love	lig	
Mecheal Zack	Secretary	363 Linds	og atle Ju	eso	
John Razuberew	Treasurer	58 Bewel	Et St Paul	uchet R	00
(If additional space is needed, a	ttach rider)	A 6 A 6	7/1/2	1. C. O	_
Dated: 7/13/9	(Na	olish dull me of Corpogation)	_ 1	wfel d.	40
	By.	Staller	Naszeriak	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Titl	e Res	7 .		

NON-PROFIT CORPORATION

Corporate ID Number	030135	Annual Report for the year	1991
First: The name of	the corporation is	POLISH AMERICAN MUTUA	
SECOND: It is incorp	orated under the laws of	RJ.	
THIRD: The characte	er of the affairs which it is actu	ally conducting in Rhode Island, brie	Ny stated, is
_	•	ts principal office in the state or coun	•
which it is incorporated is.			•••••••••••••••••••••••••••••••••••••••
FIFTH: Corporate ac	ldress in Rhode Island		
SIXTH: Names and a	addresses of its directors and of	ficers:	
	(Addresses must include	street and number, if any)	
NAME	OFFICE	ADDRESS	
	Director		•••••••••••••••••••••••••••••••••••••••
	Director		
Vit De	Director	7. 1101 D. F	17 80
Halles Franzella	• • • • • • • • • • • • • • •	Benefit St. Pawter	,
O Wh Orline	Vice President	······································	ncetra RV
John Rasubeeur	•	Llocum of all	e Moso
(If additional space is needed,	affach rider)		~ <i>P</i> (<i>y</i>)
	5 19 91 Par	les american Material Ba	nefet less
	PAID By 2	Paller Staszerok	
C	/ 11N 2 & 1991 Title	Pallee Hassuceak Beesedent.	
	OF STATE	(Report must	be signed by an officer)

To be filed annually during the month of June

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

	Annual Report for the year
FIRST: The name of the corporation is	FOLISH AMERICAN MUTUAL BENEFIT ASSOC
SECOND: It is incorporated under the laws of	
THIRD: The character of the affairs which it is a	ctually conducting in Rhode Island, briefly stated, is
FOURTH: If a foreign corporation, the address o which it is incorporated is	of its principal office in the state or country under the laws of
FIFTH: Corporate address in Rhode Island	
SIXTH: Names and addresses of its directors and	officers:
(Addresses must inclu	de street and number, if any) JUL 11 1990
NAME OFFICE Director	ADDRESS SEC'Y OF STA
Director	
Halter Hamiceak President 72 Ruckard Liverk Vice President	37 Benefit Sh. Paul Rl 5 Rollingwood Br. Kineeln Rl
Jakob Jakobsche Secretary	5 Rollingwood Br Lineeln RD 9 Florum St. Ottle Moso 58 Benedict F. Powleichet RS
John Manuscotta Treasurer (If additional space is needed, attach rider)	

Earm No. N. 12

To be filed annually during the month of June

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number		Annual Report for the year
FIRST: The name of	the corporation is	Polish am. neutral Breefet ans
SECOND: It is incorp	porated under the laws	of
THIRD: The charact	er of the affairs which i	it is actually conducting in Rhode Island, briefly stated, is
		ress of its principal office in the state or country under the laws of
Firth: Corporate ac	ddress in Rhode Island.	
SIXTH: Names and	addresses of its director	s and officers: PAID
	(2.14	JUL 1 1 1990
NAME	OFFICE	t include street and number, if any) PEC'Y OF ST ADDRESS
NAME	Director	ADDRESS
	Director	
	Director	_
Latteo Hasseus	President	737 Benefil St. Pantucket RQ
Rechard Thorak	Vice President	5 Rollingwood Be. Kenceln R.D.
Jakob aspolse	Le Secretary	9 Glocum St alle Mass
John Ronuciewa	Treasurer	158 Benedict St. Pautucked RU
(If additional space is needed,	<i>"</i>	$O(1/2) \cdot A + A \rightarrow A A$
Dated: July 9	19 <i>G</i> V	Wolfsh Unxucon helical Cenefil Rase.
	Į.	(Name of Cornoration) By Sailes Dasquek
	7	Title Reexclent

To be filed annually during the month of June

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number 0 030/35	Annual Report for the year
FIRST: The name of the corporation is	Polish ancien Kutual Brufel Riso
SECOND: It is incorporated under the laws	of
THIRD: The character of the affairs which	it is actually conducting in Rhode Island, briefly stated, is
	Iress of its principal office in the state or country under the laws of
FIFTH: Corporate address in Rhode Island	
SIXTH: Names and addresses of its director	rs and officers: PAID
(Addresses mus	JUL 11 1990 st include street and number, if any) ADDRESS SEC'Y OF ST
Rukoud Novak, Vice President	737 Benefit St. Pourt. R.D. 5 Rollingwood De Lencom R.D. 9 Stocken of Attle Noss 158 Benedict & Pawtecket R.D. Chame of Corporation of Benedict Responses to the Response of Corporation of Corporatio
	Title Rusident-

To be filed annually during the month of June

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number 3013	35	Annual Report for the year 1987
FIRST: The name of t	the corporation is	POLISH AMERICAN MUTUAL BENEFIT ASSO
SECOND: It is incorpo	orated under the law	ws ofRhode Island
THIRD: The address of	of its registered offic	ce in Rhode Island is
		and the name of its
registered agent at such add	ress in Rhode Islan	d is
•	•	ddress of its principal office in the state or country under the laws of
FIFTH: The character	of the affairs which	h it is actually conducting in Rhode Island, briefly stated, is
SIXTH: Names and ac	ddresses of its direc (Addresses m	tors and officers: SEP STORY SEP STORY Outside street and number, if any)
NAME	OFFICE	ADDRESS
,	Director	
Milled Znie	Director	363 Tunksel St Sould althe Mison
Starter Masseus	President	737 Benefit If Pawliecket RS
Richard Novak	Vice Presiden	5 Rollengwood Be Lincoln RD
Jakel Jakolsek	Secretary	9 Llower St S. attle Mass
John Razakiewie	Treasurer	158 Benedect It Pawhecket RD
(If additional space is needed, as Dated:	ftach rider) 19 5 Z	Polish Une Mutual Burfel Wise
		By Halter Haszerick
	as - 0 1987	Title Klesilens

#2457

Filing Fee: \$10.00

To be filed annually during the month of June

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number 30135	Annual Report for the year 1986
FIRST: The name of the corporation is	POLISH AMERICAN MUTUAL BENEFIT ASSO
SECOND: It is incorporated under the law	ws of Rhode Island
THIRD: The character of the affairs whice Operating a	ch it is actually conducting in Rhode Island, briefly stated, is
FOURTH: If a foreign corporation, the ac-	ddress of its principal office in the state or country under the laws of
FIFTH: Corporate address in Rhode Island	nd 927 lextral ave Pautucket 192 02861
SIXTH: Names and addresses of its direc	tors and officers:
(Addresses m	nust include street, number if any, and zip code)
NAME OFFICE ANTAL STACHURSKI Director MECHETH LATGER Director	1136 NEWPORT AVE PAWTUCKET RD, 275 Abbot Ruy VAMEY Cumberand R.I. 263 LINDER TATHEBORD, MASS
VIFLER WASZECIAK President	737 BENEFIX St PAULUCET P.I 0286
Reclined Novek Vice Presiden JACOD JAKOSHE Secretary	15 Rollingwood DR. LINCOLN P.I. 9 Shocum S. ALLEDORG, MASS.
JOHN PHZUHEWICZ Treasurer	159 BENEDICK St PAUSUCHET R.D.
(If additional space is needed, attach rider)	
Dated: 6/22 1986	(Name of Corporation) By Halley Hazecak Title Pues
AUG 04 ENTO	(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 270 Westminster Mall, Providence, RI 02903.

NON-PROFIT CORPORATION

POLISH AMERICAN MITUAL BENEFIT ASSO FIRST: The name of the corporation is CTATION SECOND: It is incorporated under the laws of Rhode Island THIRD: The address of its registered office in Rhode Island is 927 Central Care Particular Registered agent at such address in Rhode Island is 927 Central Care Particular Registered agent at such address in Rhode Island is 927 Central Care Particular Registered agent at such address in Rhode Island is 927 Central Care Particular Registered agent at such address in Rhode Island is 927 Central Care Particular Registered agent at such address in Rhode Island is 927 Central Care Particular Registered agent at such address in Rhode Island is 927 Central Care Particular Registered is incorporated is. FIFTH: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Addresses must include street and number, if any) OFFICE Addresses must include street and number, if any) OFFICE Addresses must include street and number, if any) OFFICE Addresses must include street and number, if any) OFFICE Addresses must include street and number, if any) OFFICE Addresses must include street and number, if any) OFFICE Addresses must include street and number, if any) OFFICE Addresses must include street and number, if any) OFFICE Addresses must include street and number, if any) OFFICE Addresses must include street and number, if any) OFFICE Addresses must include street and number, if any) OFFICE Addresses must include street and number, if any) OFFICE Addresses must include street and number, if any) OFFICE OFFICE Addresses must include street and number, if any) OFFICE OFFICE Addresses must include street and number, if any) OFFICE OFFICE Addresses must include street and number, if any) OFFICE OFF	Corporate ID Num	ber	An	nual Report for the year	1985
THIRD: The address of its registered office in Rhode Island is 927 Central Ex Particles of the aname of its registered agent at such address in Rhode Island is 927 Central Case. Particles R. B. FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is. FIFTH: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is. NAME: Company of Kosmuszka Polical Lone. SIXTH: Names and addresses of its directors and officers: (Addresses must include street and number, if any) OFFICE (A	FIRST: The r	name of the corporation is	POLISH AMERI	CAN MUTUAL BENEFIT AS	50
and the name of its registered agent at such address in Rhode Island is 9-7 lential leve. Pauticipal R9 FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is. FIFTH: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is. August Company of Rossings Policy Llone. SIXTH: Names and addresses of its directors and officers: (Addresses must include street and number, if any) OFFICE (Addresses must include street and number, if any) NAME (Addresses must include street and number, if any) OFFICE (Addresses flux flux flux flux flux flux flux flux	Second: It i	s incorporated under the la	ws of	Rhode Island	
FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is. FIFTH: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is. FIFTH: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is. SIXTH: Names and addresses of its directors and officers: (Addresses must include street and number, if any) OFFICE (Addresses must include street and number, if any) OFFICE (Addresses must include street and number, if any) OFFICE (Addresses must include street and number, if any) OFFICE (Addresses must include street and number, if any) OFFICE (Addresses must include street and number, if any) OFFICE (Addresses must include street and number, if any) OFFICE (Addresses must include street and number, if any) OFFICE (Addresses must include street and number, if any) OFFICE OFFIC	THIRD: The	address of its registered offic	ce in Rhode Island	is 927 Einlight C	ix Pantucket 7
FIFTH: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Nuteril Company of Koscinistics Folial Llone SIXTH: Names and addresses of its directors and officers: (Addresses must include street and number, if any) OFFICE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS AUTOCOLOR AUTOCOLOR ALLENDERS ADDRESS AUTOCOLOR ALLENDERS AUTOCOLOR ALLENDERS AUTOCOLOR ALLENDERS AUTOCOLOR ALLENDERS AUTOCOLOR ALLENDERS AUTOCOLOR ADDRESS AUTOCOLOR AUTOCOLO	registered agent at s	uch address in Rhode Islan	d is 9.27 (6.	utial ave Pauto	and the name of its
FIFTH: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Name: Longong of Koscinsoper Policy Lance SIXTH: Names and addresses of its directors and officers: (Addresses must include street and number, if any) OFFICE Pales of Rayland for Director ADDRESS AD	FOURTH: If a	foreign corporation, the ac	ddress of its princi	pal office in the state or cou	antry under the laws of
SIXTH: Names and addresses of its directors and officers: (Addresses must include street and number, if any) OFFICE Calcurated Lackward Director Lackward Lack Director ADDRESS Lack Director ADDRESS Lack Director ADDRESS Lack Director ADDRESS Lack Director Als beref Nan Varley Lunck; land A. J. Muchial Jack Director Als Landery H. Catle, Nasa Authority Land Neval, Vice President Richard Land Neval, Vice President Abell Jakobacle Secretary Lim Rozubbeweres. Treasurer It additional space is needed, affact rider) ated: Als Marks Director By Multis Masquard Title Director Report must be signed by an officer) (Report must be signed by an officer)	which it is incorpor	ated is	••••••		•
(Addresses must include street and number, if any) OFFICE Pale Total Land Director Pale President President Pale Jakobsch President Pres	FIFTH: The c	haracter of the affairs which	h it is actually con Ususzko K	ducting in Rhode Island, br	riefly stated, is
Edecated Stackwall Director 578 Newfort are Pawticket RD Males Wingrack Director 3/5 Ribbit Run Vailey Etimote; land RS Michael Jack Director 363 Eindory & Ottle, Nasa Miller Hogerick President 737 Daught St. Paulicket RD Michael Jaboback Secretary & Michael Relianguert Ru Kinch RD John Rozubiowicz Treasurer 8 Isolam II. Jack Attle. Mar. It additional space is needed, attach rider) ated: 1989 8 Polech Crusican Milled Compil Rose Title Rose Composition Title Rose Confirmation Report must be signed by an officer)	SIXTH: Name			4 mumbos if onu\	
	Jules Hisz Micked Jules His Kickard John Pozuk It additional space is a	Director Director Director President Vice President Obsche Secretary Course Treasurer Director Director President Obsche Secretary Director	315 Rbbs 363 Les 737 Des 5 Relli 9 Slocu 158 Bene 158 Bene	bort leve for	tucket R2 Leiland R.S. Leiland
		If the corporation has chan	A TO A FEE A FEE Bed its registered offi		st be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form 9 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 270 Westminster Mall, Providence, RI 02903.

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of June, of each even year, in the office of the Secretary of State, Providence, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of Chapter 7-6 of the General Laws of Rhode Island 1956 (Non-Business Corporations). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The PULLSH AMERICAN MUTUAL BENEFIT ASSULATION

a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:—

- (1.) Name of Corporation PULISIT AMERICAN MUTUAL BENEFIT ASSOCATION
- (2.) Location of Principal Office in Rhode Island 927 CENTRAL AVE FAWT, R.J. (No. Street, City or Town)
- (3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:—

OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
PRESIDENT	WASZEC/AM	PAWT X I.	12/31/52
VILE PRES	RICHARD	PAWT KI 9 Shocum ST	13/31/52
SEC	JAKOB UALOBSCHE	SU. ATTL 14155	12/21/52
TREASURER	WHATCH STACHURSKI	PAWT, NI	12/3//82

(4.) Date Appointed for Next Annual Meeting of the Corporation Jakk 19 19 I hereby certify the foregoing to be correct:—

(Norte) (Designation of Officer Certifying)

1000

JUN 5 1985

Form N 8, 31

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (Non-Business Corporations). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

THE POLISH AMERICAN MUTUAL BENEFIT ACCOUNTION

a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:—

(1.)	Name of Corporation PSISH AMELICAN NOTUAL BENEFIT ASSOCIATION
(2.)	Location of Principal Office in Rhode Island PAUTICATET, A. I.

(3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:—

OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
PRES WAS	TER WASSECIAL	137 BENEFIT SI	12/2/80
	41 TEX STANJOUS,	MI CELLTRAL FALLS RJ	12/3//80
	TER STACHURST	(CAW KI	12/31/50
	_	HE S ATTLEBOKA, MAN	/ /_/

(4.) Date Appointed for Next Annual Meetings the Corporation 19 19 I hereby certify the foregoing to be correct:—

Marie Hannel (Designation of Officer Certifying)

JAN 29 198

14

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (NON-BUSINESS CORPORATIONS). (FEB FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

THE POLISH AMERICAN MOTUAL BENEFIT ASSOCIATION

a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:—

- (1.) Name of Corporation POLISH AMERICAN MUTUAL BEHERIT ASSOCIATION
- (2.) Location of Principal Office in Rhode Island 927 CENTRAL AVE. PAWT. R.I. (No., Street, City or Town)
- (3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:--

OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
PRES.	WALTER WASSECIAM	PAWT. R.J.	102/31/78
V. PRES	WALTER STASJOUSKI	217 CROSS ST.	5. 12/3/18
TREAS	WALTER STACHURSKI	PAWT, R. T.	13/3/18
FILL SEC	WALTER PLEZIA	28 ENFIELD ST.	12/3,/78
REC SEC	SAKOB JAKOBEHE	9 SLOWM ST. SO ATTLEDOND MASS	5 12/3/28

*** *******	Mark of the state		
	·	2	
		2 <u>1</u>	
(4) Data	Annointed for Next Annual Meet	ing of the Columnstian NEC	EMPER 10 28

(4.) Date Appointed for Next Annual Meeting of the Corporation DECEMBEL 19 78

I hereby certify the foregoing to be correct:—

701 50 1818

Jame) J. Designation of Officer Certiffing)

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (Non-Business Corporations). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The POLISH AMERICAN MUTUAL BENEFIT ASSOCIATION

a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:—

- (1.) Name of Corporation POLISH AMERICAN MUTUAL BENEFIT ASSOCIATION
- (2.) Location of Principal Office in Rhode Island 927 CENTRAL AVE. PAWT. R. I. (No., Street, City or Town)
- (3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:—

OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
PRES - WALTER	WASZECIAL	C 932 BENEFIT ST	PAWT, R.I 12/3/26
V-PAES WHITEK	5745/0WST	(DIT CROSS ST, CEI	TRACFALLS, R. I 10/3/20
TREAS - WALTER	STACHURS	KI 115 SARATOGA A.	UE, PAUT, R.I. 12/31/2
FIN-SEC WALTE	ER PLEZIA	28 ENFIELD ST.	PAWT, A.I. 12/3/19
			ST, PALLT RI 12/21/7
	,		
			,
	······································		

(4.) Date Appointed for Next Annual Meeting of the Corporation ECE/NOTA 1926

I hereby certify the foregoing to be correct:—

APR 1 1916

BIENNIAL REPORT

FILED IN THE OFFICE OF THE SECRETARY OF STATE

AL 17-76 STATE : 1989 F. *** *10.00

19

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (Non-Business Corporations). (FEB FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)
The POLISIT AIMERICAN MUTUAL BENEFIT ASSOCIATIO
a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:— POLISIA AMERICAN MUTUAL
(1.) Name of Corporation BENEIT ASSOCIATION
(1.) Name of Corporation BENEIT ASSOCIATION 927 CENTRAL WE (2.) Location of Principal Office in Rhode Island PAUTUCITET, K. I. (No., Street, City or Town)
(3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:—
OFFICE. NAME. ADDRESS. TERM EXPIRES.
OFFICE. NAME. ADDRESS. 737 BENEFITS PRESIDENT WASZECIATE PAWT R. I 1/31/24
U. PRES. RAMIA MYCOLAL R. T 1/21/24
RECORDING A. KOSION PAUTUCHET, R. I 1/31/74

TREASURER WSZOL PAWT. R.I 1/31/74 FINANCIAL WALTER 28 ENFIELD ST. 1/31/74 SECRETARY PLEZIA PAWTUCKET, R. I. 1/31/74

(4.) Date Appointed for Next Annual Meeting of the Corporation DEC. 13, 1924

I hereby certify the foregoing to be correct:—

.... = .. :374

BIENNIAL REPORT

MR 21-74 STATE 3301 BE****10.00

FILED IN THE OFFICE OF THE SECRETARY OF STATE

19

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (NON-BUSINESS CORPORATIONS). (FEB FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The POLISH AMERICAN MUTUAL BENG FIT ASSOCIATION, a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:—

- (1.) Name of Corporation POLISH AMERICAN MUTUAL BENEFIT ASSOCIATION
- (2.) Location of Principal Office in Rhode Island 927 CENTRAL AVE. PAWTUCKET (No., Street, City or Town)
- (3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:—

OFFICE.		NAME.	ADDRESS.		TERM EXPIRES.
PRES.	WALTER WA	SZECHAIT	137 BENEFIT	ST. PAUT.	12/31/12
VPRE	S. Robert 1	Kania	137 BEHEFIT 6 Cass S	t LinceLi	12/3//72
SECRE	TARY JOSEP	I WY BRAINIE	- 574 COTTASE	57. PAWT	12/11/22
TREAS	UKEK MICHA	EL WSZOL	L STY COTTASE GIS BENEITT	ST. PAWT.	12/31/72
***************************************					** **********************************
*	· h. (•••	0),)(),),	
***************************************					***************************************

(4.) Date Appointed for Next Annual Meeting of the Corporation 1/2/ 1973

I hereby certify the foregoing to be correct?

(Designation of Officer Certifying)

468 8 7 1. C.

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$5.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the General Laws of Rhode Island 1956 (Non-Business Corporations). (FEE FOR FILING \$5.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The POLISH AMERICAN MUTUAL BENEFIT ASSOCIATION a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:---(1.) Name of Corporation PULISH AMERICAN MUTUAL BEHLFIT ASSOCIATION (2.) Location of Principal Office in Rhode Island 927 CENTRAL AVE PAWT, R. I (No., Street, City or Town) (3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:---OFFICE. NAME. TERM EXPIRES. PRESIDENT RUDOLF HOLEWA DEC. 31, 1970 VICE-PRES FRANK KANIA " " " RECORDING SEC JUSEPH WYBRANIEC " FIHANCIAL SEC. STANLEY CHIMURA TREASURER EDWARD KALAFAKSKI

(4.) Date Appointed for Next Annual Meeting of the Corporation 30 SUN. DEC 19 20 I hereby certify the foregoing to be correct:

BIENNIAL REPORT

128-70 SIKTE 715 8E****5.00

FILED IN THE OFFICE OF THE SECRETARY OF STATE

7.61 8 2 11.1

19

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$5.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (NON-BUSINESS CORPORATIONS). (FEE FOR FILING \$5.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

following report amended:—	;, as required by § 7-6-	of the State of Rhode Island of 14 of Chapter 7-6 of the Gen	eral Laws of 1956 as
		morioen thitual Benefit Asso	
(2.) Location o	of Principal Office in F	Rhode Island 927. Central Ave (No., Street, C	o Printuokot R. I., 02861 Sity or Town)
(3.) Names and each:—	d addresses of all Offic	ers, and Date of Expiration	
OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
Precident	Rudolf Holeva 24 For	Ecida Ave., Port., R. I.	1/1/69
let Vice-Pres.	Frank Kenta 106 Ferk	mide Ave. P. ot., R. I.	1/1/69
ا ا ا المنت	Thedoug bayk 48 Juli	an St., Frut., H. I.	1/1/69
Recording Sec.	deliab deliadache Slac	un St., Eo. Attlahoro, ilia	ε1/1/69
Trescurer	Lowerd Kaleforeki I	Collins Ave. Firt., R. I.	1/1/69
Financial Sec.		ottora St., Part., R. I.	•
(4.) Date Appoi		Meeting of the Corporation. I hereby certify the foregot	Zecember 19.68

BIENNIAL REPORT

PARTICAN MUTUAL PRINTER LAGGORATION NOT CENTRAL AVERUE AUTUCKET, R. 1.

FEB 15-68 STATE 232 [[4#+445.0]

FILED IN THE OFFICE OF THE SECRETARY OF STATE

FEB 1 - 1968

19

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$5.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (Non-Business Corporations). (FEE FOR FILING \$5.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The Tol	is It AMERICAN D	OUTUAL BENEFI	T ASSOCIATI	OK
a corporation following repo amended:—	created under the laws of ort, as required by § 7-6-1	the State of Rhode Islan 4 of Chapter 7-6 of the G	l does hereby make eneral Laws of 1956	the as
(1.) Name o	of Corporation Policy	American Mutun	L Benefit A	SeciATIO,
(2.) Locatio	n of Principal Office in R	hode Island (No., S	reet, Cily or Town)	n ···
(3.) Names each:—	and addresses of all Office	ers, and Date of Expirati	on of Term of Offic	e of
OFFICE.	NAME.	ADDRESS.	TERM EXPI	
PRESIDENT	- WOSCIECH RYN	ASIEWICZ - 118 EA	TON ST	15/67
VICE -PRES.	- Joseph Gwozd	2 - 258 GA	REGNSLITT AV	110/47
TREDSURER	- EOWARD KALA	EARSK - 1 COX	LINS AYE	115/17
FIN. SEG'Y	- STANLEY CH	MURA - 572	Callage So	1.5/67
Recig Secy	- TOSEPH WYB.	CANIFE - 572	Cottoga SA	1/15/17
(4.) Date A	ppointed for Next Annua	I Meeting of the Corporat I hereby certify the for Joseph 2 (Name) (Design	ion 19	
		Rund	ing duy.	

BIENNIAL REPORT

POLISH AMERICAN MUTUAL BENEFIT ASSOCIATION 927 CENTRAL AVENUE PAWTUCKET, R. I.

W 27-C 3 . 6 . 5 . [A & A & 5 . C)

FILED IN THE OFFICE OF THE SECRETARY OF STATE

EEB 1 1966 .

19

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$5.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (NON-BUSINESS CORPORATIONS). (FEE FOR FILING \$5.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The Pocific Profiles of Murciae Banefell 1955 octarion, a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:—

- (1.) Name of Corporation PEUSH PRIERICAN FAUTURE BENEFIT ASSECUTION
- (2.) Location of Principal Office in Rhode Island 927 CENTRAL 19VE. PAULIUSET, R. 1
 (No., Street, City or Town)
- (3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:—

OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.	
PRGS.	Sterloool Ho	laur 84 Pc	enterila ga !	/3:/W
VICE PRE	5. Joseph of	Lurven	7/91 surfaction	, i.
EECVRIING S	Get Moselle Ul	Marile 574	Es. Hage It	•
FINAMICIAL	- Stanley (Chmura -5	12 Cettege St	4
TREBSURE	c Leter VHD	-	Levyon Ave	•
-144 41-41-41-41-41-41-41-41-41-41-41-41-41-4				

> Junopel Loleur_ (Name) (Designation of Officer Cortifying)

BIENNIAL REPORT

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FEB 3 1964

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