State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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

JUL 15 2021

BY 14295

1. Entity ID Number	2. Exact name of the Corporation			
30173	POLISH NATIONAL ALLIANCE, GROUP 1770 OF CROMPTON, RI			
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: FRATERNAL BENEFIT SOCIETY			
4. NAICS Code: 813319				
6. Principal Office Address: 55 ANDREW COMSTOCK RD.	City: WARWICK	State: RI	Zip: 02886	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
STANLEY M. JENDZEJEC	DAVID M. SKURKA
Street Address: 5 SOUTH GLEN	Street Address: 301 E. GREENWICH AVE.
City: W. WARWICK State: RI Zip: 02893	City: W. WARWICK State: RI Zip: 02893
Secretary Name	**Treasurer Name**
JOHN E. MAILLOUX	DAVID J. SKURKA
Street Address: 55 ANDREW COMSTOCK RD.	Street Address: 301 E. GREENWICH AVE.
City: WARWICK State: RI Zip: 02886	City: W. WARWICK State: R.I. Zip: 02893

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors — Check the box to indicate an attachment ☐

Director Name	Director Name
JOHN E. MAILLOUX	GEORGE H. TRUMAN, JR.
Street Address: 55 ANDREW COMSTOCK RD.	Street Address: 35 ORCHARD DR.
City: WARWICK State: RI Zip: 02886	City: CRANSTON State: RI Zip: 02920
Director Name	**Director Name**
DAVID J. SKURKA	
Street Address: 301 E. GREENWICH AVE.	Street Address:
City: W. WARWICK State: RI Zip: 02893	City: State: Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. 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	Date
JOHN E. MAILLOUX, FINANCIAL SECRETARY	JULY 9, 2021

Signature of Officer/Authorized Representative: John E. MailLoux

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615