



**State of Rhode Island  
Department of State - Business Services Division**

**FILED**

Annual Report for the year: 2023  
Non-Profit Corporation

MAY 22 2023  
BY [Signature]

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>30173</b>	2. Exact name of the Corporation <b>POLISH NATIONAL ALLIANCE, GROUP 1740 OF CROMPTON, R.I.</b>
3. State of Incorporation <b>R.I.</b>	5. Brief description of the character of business conducted in Rhode Island <b>FRATERNAL BENEFIT SOCIETY</b>
4. NAICS Code <b>817319</b>	

6. Principal Office Address <b>55 ANDREW COMSTOCK ROAD</b>	City <b>WARWICK</b>	State <b>R.I.</b>	Zip <b>02886</b>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

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

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

Director Name <b>JOHN E. MAILLOUX</b>			Director Name <b>GEORGE H. TRUMAN, JR.</b>		
Street Address <b>55 ANDREW COMSTOCK RD.</b>			Street Address <b>35 ORCHARD DR.</b>		
City <b>WARWICK</b>	State <b>R.I.</b>	Zip <b>02886</b>	City <b>CRAWFORD</b>	State <b>R.I.</b>	Zip <b>02920</b>
Director Name <b>DAVID J. SKURKA</b>			Director Name		
Street Address <b>301 E. GREENWICH AVE.</b>			Street Address		
City <b>W. WARWICK</b>	State <b>R.I.</b>	Zip <b>02893</b>	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 <b>JOHN E. MAILLOUX, FINANCIAL SECRETARY</b>	Date <b>5-18-23</b>
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Signature of Officer/Authorized Representative  
[Signature]

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