



State of Rhode Island  
Department of State - Business Services Division

FILED

Annual Report for the year: 2023  
Non-Profit Corporation

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

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1. Entity ID Number <u>30173</u>		2. Exact name of the Corporation <u>POLISH NATIONAL ALLIANCE, GROUP 1770 OF CROMPTON, R.I.</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>FRATERNAL BENEFIT SOCIETY</u>	
4. NAICS Code <u>817319</u>			
6. Principal Office Address <u>55 ANDREW COMSTOCK ROAD</u>		City <u>WARWICK</u>	State <u>R.I.</u>
		Zip <u>02886</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>STANLEY M. JENDZIEJC</u>		Vice-President Name <u>DAVID M. SKURKA</u>	
Street Address <u>5 SOUTH GLEN</u>		Street Address <u>301 E. GREENWICH AVE.</u>	
City <u>W. WARWICK</u>	State <u>R.I.</u>	City <u>W. WARWICK</u>	State <u>R.I.</u>
Zip <u>02893</u>		Zip <u>02893</u>	
Secretary Name <u>JOHN E. MAILLOUX</u>		Treasurer Name <u>DAVID J. SKURKA</u>	
Street Address <u>55 ANDREW COMSTOCK RD.</u>		Street Address <u>301 E. GREENWICH AVE.</u>	
City <u>WARWICK</u>	State <u>R.I.</u>	City <u>W. WARWICK</u>	State <u>R.I.</u>
Zip <u>02886</u>		Zip <u>02893</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>JOHN E. MAILLOUX</u>		Director Name <u>GEORGE H. TRUMAN, JR.</u>	
Street Address <u>55 ANDREW COMSTOCK RD.</u>		Street Address <u>35 ORCHARD DR.</u>	
City <u>WARWICK</u>	State <u>R.I.</u>	City <u>CRAVSTON</u>	State <u>R.I.</u>
Zip <u>02886</u>		Zip <u>02920</u>	
Director Name <u>DAVID J. SKURKA</u>		Director Name	
Street Address <u>301 E. GREENWICH AVE.</u>		Street Address	
City <u>W. WARWICK</u>	State <u>R.I.</u>	City	State
Zip <u>02893</u>		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 <u>JOHN E. MAILLOUX, FINANCIAL SECRETARY</u>			Date <u>5-18-23</u>
Signature of Officer/Authorized Representative <u>John E. Mailloux</u>			

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040