



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 000028790

2. Name of Corporation Casimir Pulaski Mutual Aid Society

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813410

4. Principal Office Address

No. and Street: 1800 MENDON RD. E-314

City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

PROMOTING A BETTER WELFARE OF THE POLISH PEOPLE IN RHODE ISLAND

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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TREASURER	JOZEF KROL	54 ESMOND ST SMITHFIELD, RI 02917 USA
SECRETARY	ZBIGNIEW GAJDA	919 READ ST ATTLEBORO, MA 02703 USA
PRESIDENT	JACEK DOROTA	200 BENEFIT ST PAWTUCKET , RI 02861 USA
VICE PRESIDENT	WESLEY GRELA	17 SANCTUARY LANE SEEKONK , MA 02771 USA
DIRECTOR	TOMASZ BROJEK	9 RIVERSIDE ATTLEBORO, MA 02703 USA
DIRECTOR	ANDREW PORA	28 FENTON AVE ATTLEBORO, MA 02703 USA
DIRECTOR	BRIAN CURT	118 MAIN ST FALL RIVER, MA 02724 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOZEF KROL 516-518 ROOSEVELT AVENUE CENTRAL FALLS , RI 02863

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 13 Day of February, 2024 at 2:01:39 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOZEF KROL
Signature of Authorized Person

Form No. 631
Revised 09/07

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