



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

FILED
FEB 23 2024
BY *174523*

1. Entity ID Number 30159		2. Exact name of the Corporation Polish Falcon Club Nest No. 172			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Fraternal and educational organization			
4. NAICS Code 923110					
6. Principal Office Address 1551 Centreville Road			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Janice J. Peixinho			Vice-President Name Frank J. Szymkowicz, Jr.		
Street Address 25 Knight Street			Street Address 1459 Warwick Avenue Apt 11		
City West Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02888
Secretary Name Maryann Perry			Treasurer Name Krystal Terrilli-Collins		
Street Address 20 Saw Mill Drive Unit 303			Street Address 58 Rotary Drive		
City North Kingstown	State RI	Zip 02852	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Janice J. Peixinho			Director Name Frank J. Szymkowicz, Jr.		
Street Address 25 Knight Street			Street Address 1459 Warwick Avenue Apt 11		
City West Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02888
Director Name Maryann Perry			Director Name Krystal Terrilli-Collins		
Street Address 20 Saw Mill Drive Unit 303			Street Address 58 Rotary Drive		
City North Kingstown	State RI	Zip 02852	City West Warwick	State RI	Zip 02893
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Janice J. Peixinho				Date 2/17/2024	
Signature of Officer/Authorized Representative <i>Janice J. Peixinho</i>					

MAIL TO:
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