



State of Rhode Island
Department of State - Business Services Division

FILED

MAY 19 2025

BY le 14w

Annual Report for the year: 2025
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.

RECEIVED
I. DEPT. OF STATE
BUS. SVCS. DIV.

1. Entity ID Number <u>000030173</u>		2. Exact name of the Corporation <u>Polish National Alliance, Group 1770 of Crumpton, RI</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Fraternal Benefits Society</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>55 Andrew Comstock Rd.</u>		City <u>Warwick</u>	State <u>RI</u> Zip <u>02886</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Stanley Jendzejec</u>		Vice-President Name <u>Jozef Dobrzanski</u>	
Street Address <u>5 West Glen Dr.</u>		Street Address <u>1177 middle Rd.</u>	
City <u>W. Warwick</u>	State <u>RI</u>	City <u>E. Greenwich</u>	State <u>RI</u> Zip <u>02818</u>
Secretary Name <u>John 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>RI</u>	City <u>W. Warwick</u>	State <u>RI</u> Zip <u>02893</u>
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 <u>John Mailloux</u>		Director Name <u>Stanley Jendzejec</u>	
Street Address <u>55 Andrew Comstock Rd.</u>		Street Address <u>5 West Glen Dr.</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>W. Warwick</u>	State <u>RI</u> Zip <u>02893</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>RI</u>	City	State <u>RI</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 Mailloux, FINANCIAL SECRETARY</u>			Date <u>5-15-25</u>
Signature of Officer/Authorized Representative <u>John Mailloux</u>			

MAIL TO:

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