



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
Non-Profit Corporation

FEB 14 2024

16652

- 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>000063292</b>		2. Exact name of the Corporation <b>Polish National Alliance, Group No. 1001, INC.</b>	
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>Social membership club dedicated to the advancement of our community and our members</b>	
4. NAICS Code <b>813319</b>			
6. Principal Office Address <b>15 Meeting Street</b>		City <b>COVENTRY</b>	State <b>R.I.</b>
		Zip <b>02816</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>JOHN A SOCHA</b>		Vice-President Name <b>Kevin Leandro</b>	
Street Address <b>20 POND VIEW DR</b>		Street Address <b>12 HICKORY RD.</b>	
City <b>COVENTRY</b>	State <b>RI</b>	City <b>COVENTRY</b>	State <b>RI</b>
Zip <b>02816</b>		Zip <b>02816</b>	
Secretary Name <b>MELISSA CASEY</b>		Treasurer Name <b>Thomas J. BERTRAND</b>	
Street Address <b>9 GREENBUSH RD</b>		Street Address <b>51 CURSON ST</b>	
City <b>W.W</b>	State <b>RI</b>	City <b>WEST WARWICK</b>	State <b>R.I.</b>
Zip <b>02893</b>		Zip <b>02893</b>	
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 <b>WILLIAM HAGENBERG</b>		Director Name <b>RICHARD McCaskill Sr</b>	
Street Address <b>9 GREENBUSH RD</b>		Street Address <b>604 Main Ave</b>	
City <b>WW</b>	State <b>RI</b>	City <b>WARWICK</b>	State <b>RI</b>
Zip <b>02893</b>		Zip <b>02886</b>	
Director Name <b>CHERYL PODOLTA</b>		Director Name <b>NONE</b>	
Street Address <b>3245 Flat River RD</b>		Street Address	
City <b>COVENTRY</b>	State <b>RI</b>	City	State
Zip <b>02816</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>THOMAS J. BERTRAND (TREASURER)</b>			Date <b>2-11-2024</b>
Signature of Officer/Authorized Representative <i>Thomas J. Bertrand</i>			

MAIL TO:  
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