



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2025

→ 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 24 2025
BY KOB14

1. Entity ID Number 000063292		2. Exact name of the Corporation Polish National Alliance, Group No. 1001, INC.	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Social membership club dedicated To the Advancement of our Community And our members	
4. NAICS Code 813319			
6. Principal Office Address 15 meeting street		City COVENTRY	State R.I. Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOHN A SOCHA		Vice-President Name KEVIN LEANDRO	
Street Address 20 POND VIEW DR		Street Address 12 HICKORY RD.	
City COVENTRY	State RI	Zip 02816	City COVENTRY State RI Zip 02816
Secretary Name MELISSA CASEY		Treasurer Name THOMAS J. BERTRAND	
Street Address 9 GREENBUSH RD		Street Address 51 CURSON ST	
City COW	State RI	Zip 02893	City WEST WARWICK State R.I. 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 WILLIAM HAGENBERG		Director Name RICHARD McCASKILL Sr.	
Street Address 9 GREENBUSH RD		Street Address 604 Main Ave	
City COW	State RI	Zip 02893	City WARWICK State RI Zip 02886
Director Name CHERYL RODULA		Director Name NONE	
Street Address 3245 FLYT RIVER RD		Street Address	
City COVENTRY	State RI	Zip 02816	City State 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 THOMAS J. BERTRAND (TREASURER)			Date 2-16-2025
Signature of Officer/Authorized Representative Thomas J. Bertrand			

MAIL TO:

Division of Business Services

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