RI SOS Filing Number: 202566472770 Date: 2/24/2025 4:00:00 PM



State of Rhode Island

## Department of State - Business Services Division

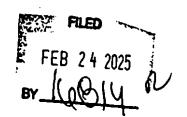
Annual Report for the year: Non-Profit Corporation

2025\_

-> Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number	2. Exact name of the Corporation			
000063292	Polish MAtional AlliANCE, Group NO. 1001, INC.			
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island			
R.I.	Social membership club dedicated To the			
4. NAICS Code	Advancative of our community And our members			
813319		·		
6. Principal Office Address		City	State	Zip
15 meeting street		COVENTRY	R.I.	02816
7. List ALL officers (names and addresses)		Check the box to indicate an attachment		
President Name - John A SOCHA		Vice-President Name KWIN Lean Dro		
Street Address ZO POND VIEW DR		Street Address 12 Hokory 72.		
City COVENTRY	State PI Zp CSSIL	City Covening	State 2	02876
Secretary Name MC1155A		Treasurer Name / Nomas J.	BErtsi	
Street Address 9 GRCEN BOSH RD		Street Address 51 LUSSUW 5+		
City C: W	State Zp 2593	WEST WARDICK	State R. Z.	zip :: 1893
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.				
Check the box to indicate an attachment L				
Director Name	HACENBERG	Director Name RICHARD	McCAR	kill Sa
Street Address G GREEN BUSH RD Street Address 604 MAIN And				
City U	State Zip CZ893	City WARWICK	State .	Zip 028-86
Director Name CHERY   PUDULA		Director Name NO.W.E		
Street Address 3745 FIFT RIVER RD Street Address				
CITY COUCHTRY	State Zip Zip C25V	City	Stato	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			Date	16-2025
Trongs as 190 will a filling and the filling a				
Signature of Officer/Authorized Representative				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov