



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

FILED

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 21 2023

BY [Signature]

1. Entity ID Number <u>000063292</u>		2. Exact name of the Corporation <u>POLISH NATIONAL ALLIANCE, GROUP NO. 1001, INC.</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Social membership club dedicated to the advancement of our community and our members</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>15 MEETING STREET</u>		City <u>COVENTRY</u>	State <u>R.I.</u> Zip <u>02816</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JOHN A SOCHA</u>		Vice-President Name <u>KEVIN LEANDRO</u>	
Street Address <u>20 POND VIEW DR</u>		Street Address <u>12 HICKORY RD.</u>	
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>
Secretary Name <u>MELISSA CASEY</u>		Treasurer Name <u>THOMAS J. BERTRAND</u>	
Street Address <u>9 GREENBUSH RD</u>		Street Address <u>51 CURSON ST</u>	
City <u>W.W</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>WEST WARWICK</u> State <u>R.I.</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>WILLIAM HAGENBERG</u>		Director Name <u>RICHARD McCASKILL SR</u>	
Street Address <u>9 GREENBUSH RD</u>		Street Address <u>604 MAIN AVE</u>	
City <u>W.W</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>
Director Name <u>CHERYL PODOLIA</u>		Director Name <u>NONE</u>	
Street Address <u>3245 FLETCHER RIVER RD</u>		Street Address	
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	City
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>THOMAS J. BERTRAND (TREASURER)</u>			Date <u>2-17-2023</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov