



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 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	City COVENTRY	State RI
Zip 02816		Zip 02816	
Secretary Name MELISSA CASEY		Treasurer Name Thomas J. BERTRAND	
Street Address 9 GREENBUSH RD		Street Address 51 CURSON ST	
City W.W	State RI	City WEST WARWICK	State R.I.
Zip 02893		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 WW	State RI	City WARWICK	State RI
Zip 02893		Zip 02886	
Director Name CHERYL PODOLTA		Director Name NONE	
Street Address 3245 Flat River RD		Street Address	
City COVENTRY	State RI	City	State
Zip 02816		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.			
<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 THOMAS J. BERTRAND (TREASURER)			Date 2-11-2024
Signature of Officer/Authorized Representative <i>Thomas J. Bertrand</i>			

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