STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
56713	Northeastern Association of Criminal Justice Sciences
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Professional Association of Criminal Justice Researchers and practitioners

5. Principal office address	City	State	Zip
One Old Ferry Road	Bristol	RI	02809

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
DAVID CHAMPION	Stephen A. Morreale
Street Address: 115 WEST CROSS BOW LANE	Street Address: WSU 486 Chandler St.
City: Slippery Rock, State: PA, Zip: 16057	City: Worcester, State: MA, Zip: 01772
Secretary Name	**Treasurer Name**
Aimée Delaney	RAFAEL ROJAS, JR.
Street Address: 9 Forest Street apt 2	Street Address: PO Box 16107
City: Exeter, State: NH, Zip: 03833	City: Hooksett, State: NH, Zip: 03106

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
David Chapman	Stephen Morreale
Street Address: 115 West Cross Bow LN	Street Address: WSU 486 Chandler St.
City: Slippery Rock, State: PA, Zip: 16057	City: Worcester, State: MA, Zip: 01772
Director Name: Rafael Rojas	Director Name
Street Address: P.O. Box 16107	Street Address
City: Hooksett, State: NH, Zip: 03106	City, State, Zip

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
JUN 11 2014
BY 1065

File Date _____
Check No _____
By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer — Date: 6/5/14

DAVID CHAMPION
Print or Type Name of Officer

PRESIDENT
Title of Officer