



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

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. 27314		2. Exact name of the Corporation JUSTICE ASSISTANCE			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Provide support and technical assistance to the Rhode Island criminal justice system.			
5. Principal office address 943 Park Avenue		City Cranston		State RI	Zip 02910
President Name Jonathan J. Houston					
Vice-President Name Debra A. Moretti					
Street Address 943 Park Avenue					
Street Address 1275 New London Avenue					
City Cranston		State RI		Zip 02910	
City Cranston		State RI		Zip 02920	
Secretary Name Mary Smith					
Treasurer Name Wayne T. Salisbury, Jr.					
Street Address 15 Layton Street					
Street Address 444 Wakefield Street					
City North Providence		State RI		Zip 02911	
City West Warwick		State RI		Zip 02893	
Director Name Jonathan J. Houston					
Director Name William G. Brody					
Street Address Justice Assistance, 943 Park Avenue					
Street Address 35 Terminal Road					
City Cranston		State RI		Zip 02910	
City Providence		State RI		Zip 02905	
Director Name Richard Cavanagh					
Director Name Thomas Ahern					
Street Address One Turks Head Place, Suite 1050					
Street Address 89 Jefferson Blvd.					
City Providence		State RI		Zip 02903	
City Warwick		State RI		Zip 02888	
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, duly Authorized Representative, Receiver or Trustee

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JUN 19 2014

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 or Authorized Representative

Date

Jonathan J. Houston

Print or Type Name of Officer or Authorized Representative

JUSTICE ASSISTANCE
Board of Directors 2013-2014

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