



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 2015

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. 56713		2. Exact name of the Corporation Northeastern Association of Criminal Justice Sciences			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Professional Association of Criminal Justice Researchers and practitioners			
5. Principal office address One Old Ferry Road			City Bristol	State RI	Zip 02809
President Name <i>Dr. Stephen A. Morreale</i>			Vice-President Name <i>Dr. Cassandra Reyes</i>		
Street Address <i>PO Box 72</i>			Street Address <i>West Chester V 200C Ruby Jones Hall</i>		
City <i>Southborough</i>	State <i>MA</i>	Zip <i>01772</i>	City <i>West Chester</i>	State <i>PA</i>	Zip <i>19383</i>
Secretary Name <i>Dr. Aimee Delaney</i>			Treasurer Name <i>Dr. Ralph Rojas</i>		
Street Address <i>WSU/486 Chancellor St</i>			Street Address <i>SNHU 2500 N. River Rd</i>		
City <i>Worcester</i>	State <i>MA</i>	Zip <i>01602</i>	City <i>Manchester</i>	State <i>NH</i>	Zip <i>03106</i>
Director Name <i>Dr. David Lambert</i>			Director Name <i>Dr. Maria Garace</i>		
Street Address <i>Univ New Haven 300 Post Rd</i>			Street Address <i>Mercyhurst College 501 E. 38th St</i>		
City <i>N. Haven</i>	State <i>CT</i>	Zip <i>06516</i>	City <i>Erie</i>	State <i>PA</i>	Zip <i>16546</i>
Director Name <i>Dr. George Cain</i>			Director Name		
Street Address <i>WCSU 181 White St</i>			Street Address		
City <i>Danbury</i>	State <i>CT</i>	Zip <i>06810</i>	City	State	Zip

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
JUL 08 2015

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.

1093

Dr. Stephen A. Morreale 6/13/15
Signature of Officer Date

Dr. Stephen A. Morreale
Print or Type Name of Officer

President
Title of Officer