

STATE OF PHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

1. Enlity ID No. 000056713	2. Exact name of the Corporation Northeastern Association of Criminal Justice Sciences				
3. State of incorporation	4 Brief desc	ription of the character of b	usiness conducted in Rhode Islan riminal Justice Sciences was	1d	
Rhode Island	environme	nt for educators and pra	ctitioners within the field of cri the field of criminal justice.	minal justice, to	rovide a collaborative collectively gather to
5. Principal office address One Old Ferry Road			City Bristol	State RI	Z _{ip} 02809
6. LIST ALL OFFICERS (NAM	ES AND ADDR	ESSES) ("X" BOX FOR AT	TACHMENT)		
President Name Steven M. Dyer			Vice-President Name David Mackey		
Street Address 180 West River Rd. AL-217			Street Address 17 High Street; Plymouth State University, Mary Lyon Hall,		
City Waterville	State ME	Zip 04901	City Plymouth	State NH	Zip 03264
Secretary Name Shavonne Arthurs			Treasurer Name Jane M. Tucker		
Street Address 1 Seton Hill Drive			Street Address 50 Sharpless Street		
City	State	Zip	City		运 Zp ,
Greensburg	PA	15601	West Chester		19383
("X" BOX FOR ATTACHMEN	MES AND ADD NT)	RESSES). RHODE ISLAN	D CORPORATIONS MUSY LIST	NO LESS THAN	THREE (3) DIRECTOR
Director Name Sheryl L. Van Horne			Director Name Michael E. Antonio		
Street Address 1300 Eagle Road			Street Address 50 Sharpless Street, Room 517		
City St. Davids	State PA	Zip 19087	City West Chester	State PA	Zip 19383
Director Name Jason Paynich			Director Name	•	
Street Address 1250 Hancock St. Room PP313			Street Address		
City Qunincy	State MA	Zip 02169	City	State	Zlp
8. REGISTERED AGENT IN RI	IODE ISLAND				
This Information is currently o	of record in the	Office of the Secretary o	f State. Changes require filing F	orm 641.	
This report must be signed by el			ry, Assistant Secretary, Treasurer,		Representative, Receive
or Trustee					
	·	FILED	Under penalty of perjury, I d	declare and affirm	n that I have examine
File Date		APR 2 9 2019	this report, including any a and that all attements con	ccompanying sci	hedules and statemen
Check No		KL VSEFH	The Will		- 8 APM
FOR SECRETARY OF STATE	USE ONLY	1.00	Signature of Officer or Author	ized Representati	ve Date
k			Steven M. Dyer		
			Print or Type Name of Officer or Authorized Representative		