RI SOS Filing Number: 201901195220 Date: 7/3/2019 4:00:00 PM

Annual Report for the year: Non-Profit Corporation	2019				R.1. B BL <b>2019</b> JU
<ul> <li>→ Filing period: June 1 - June 30</li> <li>→ Filing Fee: \$20 00</li> <li>→ Penalty: Additional \$25.00 fee if for</li> </ul>	orm is not filed b	y July 30		<u></u>	JL -3 6
Entity ID Number	2. Exact name	of the Corporation	<u> </u>	<u>,</u>	<b>5</b> 5 5 5
000056713	Northeastern Association of Criminal Justice Sciences				
State of Incorporation     Rhode Island     NAICS Code	5. Brief description of the character of business conducted in Rhode Island The Northeastern Association of Criminal Justice Sciences was established to provide a collaborative environment for educators and practitioners within the field of criminal justice, to collectively gather to present scientific studies to further the field of criminal justice.				
813920 - Professional Organiz					
6. Principal Office Address			City	State	Zip
c/o Guy Bissonnette 443 Park Ave.			Portsmouth	RI	02871
7. List ALL officers (names and addresses)			Check the box to indicate an attachment		
President Name David Mackey			Vice-President Name Sheryl Van Horne		
Street Address 17 High Street, Plymouth State University			Street Address 1300 Eagle Road		
City Plymouth	State NH	Zip 03264	City St Davids	State PA	<sup>Zip</sup> 19087
Secretary Name Shavonne Arthurs			Treasurer Name Jane M. Tu	ucker	
Street Address 1 Seton Hill Dr			Street Address 50 Sharpless St. Room 513		
City Greensburg	State PA	<sup>Zip</sup> 15601	City West Chester	State PA	<sup>Z<sub>ip</sub></sup> 19383
8. List ALL directors (names and add	dresses) RI Co	rporations MUST	list at least THREE directors.	Check the box to indic	rate an attachment
Director Name Michael E. Antonio			Director Name David Myers		
Street Address 50 Sharpless St. Room 517			Street Address 300 Boston Post Road		
City West Chester	State PA	<sup>Zip</sup> 19383	City West Haven	State CT	<sup>Z<sub>ip</sub></sup> 06516
Director Name Aimee Delaney			Director Name		
Street Address 486 Chandler St. Worcester State Univ			Street Address		
City Worcester	State MA	Zip 01602	City	State	Zip
9. Registered Agent in Rhode Island	. This information	is currently of reco	rd in the Department of State. Char	nges require filing Form 6	41
Under penalty of perjury, I declare statements, and that all statement	e and affirm that ts contained h	at I have examine erein are true an	ed this report, including any a d correct.	accompanying sched	ules and
This report must be signed by either the President		Secretary, Assistant 5	Secretary, Treasurer, duly Authorized Re	prescritative, Receiver or Tru:	stee
Name of Officer/Authorized Represe	entative			Date	, ,
Jane M. Tuck	لعر	<del> </del>		7/1/	2019
Signature of Officer/Authorized Repri	esentative	/	FILED		

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

Website: www.sos.ri.gov

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FORM 631 - Revised: 06/2019