



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001677203

2. Name of Corporation Northeast Extension Directors

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



813910

4. Principal Office Address

No. and Street: 50 WATER STREET

City or Town: WARREN

State: RI

Zip: 02885

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 69 TRANSPORTATION CIRCLE

City or Town: DOVER State: DE Zip: 19901 Country: UNI

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

ARTICLE III: THE SPECIFIC PURPOSES FOR WHICH THE CORPORATION IS ORGANIZED IS AS FOLLOWS: NORTHEAST EXTENSION DIRECTORS IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CIVIC LEAGUE OR ORGANIZATION; NOT ORGANIZED FOR PROFIT BUT OPERATED EXCLUSIVELY FOR THE PROMOTION OF SOCIAL WELFARE WITHIN THE MEANING OF SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, OR TO ANY CORRESPONDING PROVISION OF ANY FUTURE FEDERAL TAX LAW, AS FOLLOWS: TO PROVIDE A READY RESOURCE FOR EXTENSION EMPLOYEES

TO ACCESS CURRENT AND HISTORICAL DOCUMENTS.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	FITZROY BECKFORD	146 UNIVERSITY PLACE BURLINGTON, VT 05405 USA
DIRECTOR	DAN LERNER	MORRILL HALL RM 103C BURLINGTON, VT 05405 USA
CHAIRMAN	KENNETH J LAVALLE	201 TAYLOR HALL COLLEGE ROAD DURHAM, NH 03824 USA
INCOMING CHAIR	JIM HANSON	1202 SYMONS HALL COLLEGE PARK, MD 20742-5551 USA
PAST CHAIR	WILLIAM W HARE	4200 CONNECTICUT AVENUE WASHINGTON, DC 20008 USA
DIRECTOR	GEORGE ATILES	29 BEACHURST AVE MORGANTOWN, WV 26506 USA
DIRECTOR	DYREMPLE B MARSH	1200 N DUPONT HWY DOVER, DE 19901 USA
DIRECTOR	BRENT HALES	323 AG ADMINISTRATION BLDG UNIVERSITY PARK, PA 16802 USA
DIRECTOR	DONNA P BROWN	1200 N DUPONT HWY DOVER, DE 19902 USA
DIRECTOR	JENNIFER VOLK	69 TRANSPORTATION CIRCLE DOVER, DE 19901 USA
DIRECTOR	CRAIG BEYROUTY	7998 REGENTS DRIVE COLLEGE PARK, MD 20742 USA
DIRECTOR	AMY LOADER	59 COLLEGE RD DURHAM, NH 03823 USA
DIRECTOR	ANDRA JOHNSON	323 AG ADMINISTRATION BLDG UNIVERSITY PARK, PA 16802 USA
DIRECTOR	JOHN KIRBY	120 FLAGG RD KINGSTON, RI 02881 USA
DIRECTOR	NELSON ESCOBAR	2122 RICHARD A HENSON CE NTER PRINCESS ANNE, MD 21853 USA
DIRECTOR	AMI SMITH	100 CURTIS HOUSE, PO BOX 1000 INSTITUTE, WV 25112 USA
DIRECTOR	MIKE ONEILL	1376 STORRS ROAD #4134 STORRS , CT 06269-4134 USA
DIRECTOR	CHRIS WATKINS	365 ROBERTS CALL ITHACA, NY 14853-5905 USA
DIRECTOR	BRIAN SCHILLING	88 LIPMAN DRIVE MARTIN HALL RM 306 NEW BRUNSWICK, NJ 08901-8525 USA
DIRECTOR	MICHELLE S RODGER	531 SOUTH COLLEGE AVENUE NEWARK, DE 19716 USA
DIRECTOR	HANNAH CARTER	5741 LIBBY HALL, RM 102A ORONO, ME 04469-5741 USA
DIRECTOR	JODY JELLISON	319 STOCKBRIDGE HALL AMHERST, MA 01003-9246 USA
DIRECTOR	WILLIAM MILLER	80 CAMPUS CENTER WAY AMHERST, MA 01003 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOE FARMER, CPA 6 STATE STREET WARREN , RI 02885

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 22 Day of June, 2021 at 10:52:19 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOSEPH B FARMER
Signature of Authorized Person

Form No. 631
Revised 09/07

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