

1.) CORPORATION NAME:

New River Community Action, Inc.

DUE DATE: **3/16/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

H. GREGORY CAMPBELL, JR.

320 CLAY STREET, S.W.

P.O. BOX 885

SCC ID NO: **01039858**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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BLACKSBURG, VA 24063-885

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MONTGOMERY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1093 EAST MAIN STREET

CITY/ST/ZIP: RADFORD, VA 24141-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROBERT HENDRICKSON
TITLE: SEC/TREAS
ADDRESS: 418 FOURTH ST
CITY/ST/ZIP/CO: RADFORD, VA 24141-

OFFICER

DIRECTOR

NAME: JOHN MCCANDLISH
TITLE: CHAIRMAN
ADDRESS: 188 FAIRWAY DRIVE
CITY/ST/ZIP/CO: RADFORD, VA 24141-

OFFICER

DIRECTOR

NAME: DON CLARK
TITLE: DIRECTOR
ADDRESS: 110 HEMLOCK ST
CITY/ST/ZIP/CO: RIPPLEMEAD, VA 24150-

OFFICER

DIRECTOR

NAME: MARY CRITZER
TITLE: DIRECTOR
ADDRESS: 580 SUNNYSIDE LANE
CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24073-

OFFICER

DIRECTOR

NAME: NOLEN GOAD
TITLE: DIRECTOR
ADDRESS: 1971 PARKWAY LANE S
CITY/ST/ZIP/CO: FLOYD, VA 24091-

OFFICER

DIRECTOR

NAME:	MARQUITA HILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1014 HIGHLAND CIRCLE		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060-		
NAME:	KATHRYN HOOVER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2119 CHARLTON LN		
CITY/ST/ZIP/CO:	RADFORD, VA 24141-		
NAME:	TERRY MAYS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 235		
CITY/ST/ZIP/CO:	RIPPLEMEAD, VA 24150-		
NAME:	ELAINE POWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5457 STAFFORD DR.		
CITY/ST/ZIP/CO:	DUBLIN, VA 24084-		
NAME:	JOHN MCENHILL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	PO BOX 43		
CITY/ST/ZIP/CO:	WILLIS, VA 24380-		
NAME:	CORBIN VIERLING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	312 THOMAS HILL RD		
CITY/ST/ZIP/CO:	PEMBROKE, VA 24136-		
NAME:	EARLEEN MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 2383		
CITY/ST/ZIP/CO:	PULASKI, VA 24301-		
NAME:	ALAINA GELBERT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1025 FOREST STREET		
CITY/ST/ZIP/CO:	CHRISTIANSBURG, VA 24073-		
NAME:	KRISTIN ADAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	540 STONE ST		
CITY/ST/ZIP/CO:	CHRISTIANSBURG, VA 24073-		
NAME:	AARON SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4619 MOUNTAIN VIEW DR		
CITY/ST/ZIP/CO:	PULASKI, VA 24301-		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ JOHN MCCANDLISH</u>	<u>JOHN MCCANDLISH, CHAIRMAN</u>	<u>3/16/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.