

1.) CORPORATION NAME:

New River Community Action, Inc.

DUE DATE: **3/18/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/TREAS		
ADDRESS:	418 FOURTH ST		
CITY/ST/ZIP/CO:	RADFORD, VA 24141		
NAME:	JOHN MCENHILL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	PO BOX 43		
CITY/ST/ZIP/CO:	WILLIS, VA 24380		
NAME:	KRISTIN ADAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2001 Broken Oak Drive		
CITY/ST/ZIP/CO:	Blacksburg, VA 24060		
NAME:	DON CLARK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	110 HEMLOCK ST		
CITY/ST/ZIP/CO:	RIPPLEMEAD, VA 24150		
NAME:	MARY CRITZER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	580 SUNNYSIDE LANE		
CITY/ST/ZIP/CO:	CHRISTIANSBURG, VA 24073		
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: NOLEN GOAD TITLE: DIRECTOR ADDRESS: 1971 PARKWAY LANE S CITY/ST/ZIP/CO: FLOYD, VA 24091	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KATHRYN HOOVER TITLE: DIRECTOR ADDRESS: 2119 CHARLTON LN CITY/ST/ZIP/CO: RADFORD, VA 24141	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TERRY MAYS TITLE: VICE CHAIRMAN ADDRESS: PO BOX 235 CITY/ST/ZIP/CO: RIPPLEMEAD, VA 24150	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ELAINE POWELL TITLE: DIRECTOR ADDRESS: 5457 STAFFORD DR. CITY/ST/ZIP/CO: DUBLIN, VA 24084	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: AARON SMITH TITLE: DIRECTOR ADDRESS: 4619 MOUNTAIN VIEW DR CITY/ST/ZIP/CO: PULASKI, VA 24301	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CORBIN VIERLING TITLE: DIRECTOR ADDRESS: 312 THOMAS HILL RD CITY/ST/ZIP/CO: PEMBROKE, VA 24136	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: J.A.T Theo van Blerk TITLE: DIRECTOR ADDRESS: 226 Pine Street CITY/ST/ZIP/CO: Floyd, VA 24091	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lura Ann Pitchford TITLE: DIRECTOR ADDRESS: 313 5th Street CITY/ST/ZIP/CO: Radford, VA 24141	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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.		
/s/ ROBERT HENDRICKSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT HENDRICKSON, SEC/TREAS PRINTED NAME AND CORPORATE TITLE	3/18/2013 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.		