

1.) CORPORATION NAME:

NEIGHBORHOOD ASSISTANCE CORPORATION OF AMERICA

DUE DATE: **11/30/2012**

SCC ID NO: **F1340027**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RALS VA, LLC
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA 23111**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3607 WASHINGTON ST

CITY/ST/ZIP: JAMAICA PLAIN, MA 02130

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:	BRUCE MARKS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3607 WASHINGTON ST		
CITY/ST/ZIP/CO:	JAMAICA PLAIN, MA 02130		
NAME:	MARISSA LANDRAU-PIRAZZI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3607 WASHINGTON ST		
CITY/ST/ZIP/CO:	JAMAICA PLAIN, MA 02130		
NAME:	GLYNN LLOYD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3607 WASHINGTON ST		
CITY/ST/ZIP/CO:	JAMAICA PLAIN, MA 02130		
NAME:	DOUGLAS FIERBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3607 WASHINGTON ST		
CITY/ST/ZIP/CO:	JAMAICA PLAIN, MA 02130		
NAME:	LINDA MOTEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3607 WASHINGTON ST		
CITY/ST/ZIP/CO:	JAMAICA PLAIN, MA 02130		
NAME:	MARY PRUSSMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3607 WASHINGTON ST		
CITY/ST/ZIP/CO:	JAMAICA PLAIN, MA 02130		

NAME: Glynn Lloyd TITLE: DIRECTOR ADDRESS: 29 Dunreath St. CITY/ST/ZIP/CO: Roxbury , MA 02119	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Bruce Marks TITLE: DIRECTOR ADDRESS: 77 Sheridan St. CITY/ST/ZIP/CO: Jamaica Plain , MA 02130	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Graylon Hagler TITLE: DIRECTOR ADDRESS: 3607 Washington St CITY/ST/ZIP/CO: Washington DC, DC 20011	<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/ <u>MARISSA LANDRAU-PIRAZZI</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>MARISSA LANDRAU-PIRAZZI,</u> SECRETARY PRINTED NAME AND CORPORATE TITLE	<u>10/9/2012</u> 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.		