

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

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1. Entity ID No.	Exact name of the Corporation		
28 7 92	Mowry Family Association Ind		
State of Incorporation	4. Brief description of the character of Ju-	siness conducted in Rhode Island	
RI	To maintone Fourty HISTORY and Keep The Gongly Ch RR out City Smithfield RI 02917		
5. Principal office address	1	City	State Zip
403 Log Kodo	4	> Mithele	RI 02917
. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)			
President Name	1.	Vice-President Name	
Richard I	Moury	Stonlay t	+ MOWRY
Street Address	C ('	Street Address	
403600		490 GRouge	Road
City Smith field	State Zip 02917	Street Address 490 5 Rouge City No. 14 Feel d	State Zip R I 02896
Secretary Name		Treasurer Name	
GeoRge	Vains	Heather Berre	datt?
Street Address ()	- (Street Address	
133 West ST	Reet	42 BROYTO	n Road
City & Danglass	State Zip Mai 02019	city Smith Sield	State Zip 02917
. LIST ALL DIRECTORS (NAME			
LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)			
Director Name	,	Director Name	\cap
Kun benly 5	LUESTRI	ALXY HU	ind
Street Address	0	Street Address	4.4 0
204 Houton		247 6 Reen	relle hose
No Smith Sue	State Zip 02896	City Swithsuld	State Zip 02896
Director Name		Director Name	
Alice Hower			
Street Address		Street Address	1:00
10 Bake ma	y STREET	247 6 Ream	ille Koak
City	State Zip	City (State Zip
Mew PORT	RI 02840	City Mo Smithfield	RI 02896
. REGISTERED AGENT IN RHOE	JE ISLAND		
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee			
		Under penalty of perjury, I declare	and allies that I have evented
File Date	FILED	this report including any accomp	anying schedules and statements,
		and that all statements contained	
Check No		Park () D) Mi	115/ / 19-12
Dv.	JUN 2 0 2013	Signature of Officer	Data Data
By:	1// 2		Daie
FOR SECRETARY OF STATE US	BE ONLY BY 1015	Print or Type Name of Officer	MowRY
Form No. 624		PRESIDEN	7
Form No. 631 Revised: 05/2012		Title of Officer	<u> </u>