



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2018

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000028792		2. Exact name of the Corporation The Mowry Family Association Inc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To preserve the history of the mowry name	
4. NAICS Code 813920			
6. Principal Office Address 403 Log Road		City Smithfield	State RI
		Zip 02917	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Richard Mowry Sr		Vice-President Name Stanley Mowry Jr	
Street Address 403 Log Rd		Street Address 490 Orange Rd	
City Smithfield	State RI	City North Smithfield	State RI
Zip 02917		Zip 02896	
Secretary Name Sharon Mowry Ayer		Treasurer Name Heather Benedetti	
Street Address 54 mace Rd		Street Address 42 Brayton Rd	
City Hampton	State NH	City Smithfield	State RI
Zip 03842		Zip 02917	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Kimberly Silvestri		Director Name Denice Mitchell	
Street Address 204 d Hanton Rd		Street Address 41 Merrimac Rd	
City North Smithfield	State RI	City North Smithfield	State RI
Zip 02896		Zip 02896	
Director Name Richard Mowry Sr		Director Name Stanley Mowry Jr	
Street Address 403 Log Rd		Street Address 490 Orange Rd	
City Smithfield	State RI	City North Smithfield	State RI
Zip 02917		Zip 02896	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Heather Benedetti		FILED	Date 7.25.18
Signature of Officer/Authorized Representative <i>Heather Benedetti</i>		JUL 27 2018 1086 DS	

MAIL TO:
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 Website: www.sos.ri.gov