

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

FILED

JUN 24 2019

Annual Report for the year: 2019
 Non-Profit Corporation

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

RY 1091

1. Entity ID Number <u>000028792</u>		2. Exact name of the Corporation <u>The Mowry Family Association Inc</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To preserve the history of the Mowry name</u>	
4. NAICS Code <u>813920</u>			
6. Principal Office Address <u>42 Brayton Rd</u>		City <u>Smithfield</u>	State <u>RI</u>
		Zip <u>02917</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Lee Mowry</u>		Vice-President Name <u>Stanley Mowry Jr</u>	
Street Address <u>1515 Forrest Nelson Blvd APT 1207</u>		Street Address <u>490 Orange Rd</u>	
City <u>Port Charlotte</u>	State <u>FL</u>	City <u>North Smithfield</u>	State <u>RI</u>
Zip <u>33952</u>		Zip <u>02896</u>	
Secretary Name <u>Katrina Mowry</u>		Treasurer Name <u>Heather Benedetti</u>	
Street Address <u>54 Shenandoah Rd</u>		Street Address <u>42 Brayton Rd</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Smithfield</u>	State <u>RI</u>
Zip <u>02886</u>		Zip <u>02917</u>	
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 <u>Kimberly Silvestri</u>		Director Name <u>Denice Mitchell</u>	
Street Address <u>204 Hanton Rd</u>		Street Address <u>41 Merrimac Rd</u>	
City <u>North Smithfield</u>	State <u>RI</u>	City <u>North Smithfield</u>	State <u>RI</u>
Zip <u>02896</u>		Zip <u>02896</u>	
Director Name <u>Richard Mowry Sr</u>		Director Name <u>Stanley Mowry Jr</u>	
Street Address <u>403 Log Rd</u>		Street Address <u>490 Orange Rd</u>	
City <u>Smithfield</u>	State <u>RI</u>	City <u>North Smithfield</u>	State <u>RI</u>
Zip <u>02917</u>		Zip <u>02896</u>	
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 <u>Heather Benedetti</u>			Date <u>6.17.19</u>
Signature of Officer/Authorized Representative <u>Heather Benedetti</u>			