



State of Rhode Island  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025:** 2025

1. Corporate ID No. 000028792

2. Name of Corporation The Mowry Family Association, Inc.

3. State of Incorporation

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813920

4. Principal Office Address

No. and Street: 42 BRAYTON RD

City or Town: SMITHFIELD State: RI Zip: 02917 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO MAINTAIN AND PERSERVE THE FAMILY HISTORY AND GENEALOGY

6. Names and Addresses of the Officers and Directors:

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	ALEXANDER MOWRY	187 GRACE STREET CRANSTON, RI 02910 USA
TREASURER	HEATHER BENEDETTI	42 BRAYTON ROAD SMITHFIELD, RI 02917 USA
SECRETARY	KATRINA MOWRY	827 TOURTELLOT HILL RD NORTH SCITUATE, RI 02857 USA
VICE PRESIDENT	DANIEL F MOWRY SR	827 TOURTELLOT HILL RD NORTH SCITUATE, RI 02857
DIRECTOR	ALICE HOMER	10 BATEMAN AVE NEWPORT, RI 02840 USA
DIRECTOR	DENICE MITCHELL	41 MERRIMAC ROAD NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	KIMBERLY M SILVESTRI	174 KAWGA WAY LOUDON, TN 37774 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

RICHARD D. MOWRY, SR. 403 LOG ROAD SMITHFIELD , RI 02917

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 21 Day of July, 2025 at 8:12:22 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By HEATHER L BENEDETTI  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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