RI SOS Filing Number: 201699876550 Date: 06/06/2016 1:05 PM

State of Rhode Island and Providence Plantations
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: June 1 - June 30

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: 2016

1. Corporate ID No. 000060954

2. Name of Corporation Opera Providence

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: C/O NANCI TAYLOR DEROBBIO
585 ELMGROVE AVENUE
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PRESERT REGIONAL PROFESSIONAL OPERA WHILE FOSTERING OPERA APPRECIATION THROUGH EDUCATION PROGRAMS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ROBERT A. DEROBBIO DR.	585 ELMGROVE AVENUE PROVIDENCE, RI 02906 USA
TREASURER	NANCI TAYLOR DEROBBIO	585 ELMGROVE AVENUE

0-2260-0

		PROVIDENCE, RI 02906 USA
DIRECTOR	ANTHONY REGINE	153 MEADOW LANE MIDDLETOWN, RI 02842 USA
DIRECTOR	JOYCE FULLER SWIRKA	PO BOX 362 NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	ED SWIRKA	POP BOX 362 NORTH KINGSTOWN, RI 02852 USA

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

DR. ROBERT DEROBBIO 585 ELMGROVE AVENUE PROVIDENCE , RI 02906

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

Signed this 6 Day of June, 2016 at 1:06:54 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 ROBERT A. DEROBBIO
Signature of Authorized Person

Form No. 631
Revised 09/07