(B)

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Annual Report for the year: **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.						
1. Entity ID Number	Exact name of the Corporation     The Annamaria Saritelli-DiPanni Bel Canto Scholarship Fund, Inc.					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	To provide annually vocal scholarships to young American opera singers aged 21-33 on					
4. NAICS Code	a competitive	basis.				
611110 - Elementary and Se						
6. Principal Office Address			City	State	Zip	
55 Tremont St.			Cranston	RI	02920An	
7. List ALL officers (names and add	box to indicate ar	attachment				
President Name Annamaria Saritelli-DiPanni			Vice-President Name Ronald DiPanni			
Street Address 55 Tremont Street			Street Address 55 Tremont St.			
City Cranston	State RI	<sup>Zip</sup> 02920	City Cranston	State RI	<sup>Zip</sup> 02920	
Secretary Name Ronald DiPanni			Treasurer Name Ronald DiPanni			
Street Address 55 Tremont Street			Street Address 55 Tremont St.			
City Cranston	State RI	<sup>Zip</sup> 02920	City Cranston	State Rt	<sup>Zip</sup> 02920	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name Elizabeth Rodi			Director Name David Acciari			
Street Address Rutland St.			Street Address 3 Needham St.			
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> <b>02920</b>	City Johnston	State RI	<sup>Zip</sup> 02919	
Director Name Michael Acciari			Director Name			
Street Address 9 Everbloom			Street Address			
City Johnston	State RI	<sup>Zip</sup> 02920	City	State	Zip	
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.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative				Date		
Ronald J. DiPanni, Vice President, Treasurer 5						
Signature of Officer/Authorized Representative						
					<del></del>	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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FORM 631 - Revised: 05/2017