



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

Annual Report for the year: 2020
 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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV ST. 111P

2020 MAR 11 PM 12:04

1. Entity ID Number 000314193		2. Exact name of the Corporation SALT MARSH OPERA COMPANY	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PERFORMING FULLY STAGED OPERA PERFORMANCES IN CT AND RI. ALSO EDUCATING SCHOOL CHILDREN IN CT AND RI WITH OPERAS THROUGH OUR KIDS LOVE OPERA PROGRAM	
4. NAICS Code 711320			
6. Principal Office Address			
65 CUTLER STREET		City STONINGTON	State CT
		Zip 06378	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ROBERT POMPEI		Vice-President Name MICHELE J. DELMORST	
Street Address 14 HIGHLAND ROAD		Street Address 173 ELM STREET	
City CHARLESTOWN	State RI	City STONINGTON	State CT
Zip 02813		Zip 06378	
Secretary Name JILL CORR		Treasurer Name DREANA FILIPPELLI	
Street Address 262 CEDAR ROAD		Street Address 117 METRO CENTER BLVD.	
City MYSIC	State CT	City WARWICK	State RI
Zip 06355		Zip 02886	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name EMILY MUGGE		Director Name CARLA M. STEBBINS	
Street Address 89 NOYES NECK RD		Street Address 37 BROAD STREET	
City WESTERLY	State RI	City STONINGTON	State CT
Zip 02891		Zip 06378	
Director Name DAN HALL		Director Name MATTHEW McCAULEY	
Street Address 62 COVE ROAD		Street Address 29-1 COTTAGE STREET	
City STONINGTON	State CT	City NEW LONDON	State CT
Zip 06378		Zip 06320	
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 MICHELE J DELMORST		Date March 9, 2020	
Signature of Officer/Authorized Representative <i>Michele J Delmhorst</i>		SIGN DOCUMENT HERE <i>Vice President</i>	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY GORVK38

SALT MARSH OPERA COMPANY

Additional Directors

Jojo Reindel

196 Long Wharf Drive

Mystic, CT 06355

Dean Davis

26-38 21st Street

Astoria, NY 11102