RI SOS Filing Number: 202455132200 Date: 5/31/2024 12:08:00 PM



# State of Rhode Island Office of the Secretary of State

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 **2024**: <u>2024</u>

- 1. Corporate ID No. <u>001755698</u>
- 2. Name of Corporation Hope and Anchor Opera
- 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 <u>click here.</u>

NAICS Code

<u>813110</u>

#### 4. Principal Office Address

No. and Street: <u>C/O NATHAN SYKES</u>

25 YOUNGS AVE

City or Town: WEST WARWICK State: RI Zip: 02893 Country: USA

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

HOPE AND ANCHOR OPERA IS COMMITTED TO EMBRACING INNOVATION WHILE MAINTAINING A RESPECT FOR THE PAST AND DEVELOPING OPERA FOR A GROWING SOUTHERN NEW ENGLAND AUDIENCE. OUR GOAL IS TO MAKE OPERA ACCESSIBLE TO EVERYONE IN OUR COMMUNITY. WE WILL STRIVE TO PRODUCE TRADITIONAL OPERAS WITH A CURRENT WORLD VIEW AND NEW WORKS THAT ADVANCE THE WORK OF LIVING ARTISTS. WE ARE COMMITTED TO BRINGING TOGETHER BOTH LOCAL AND NATIONAL ARTISTS TO CREATE OUTSTANDING

Fee: \$20.00

## AND MEANINGFUL OPERATIC PERFORMANCES AND EXPERIENCES THAT ENLIVEN AND CONNECT US ALL.

#### 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
DIRECTOR	JENNIFER ZAMORANO	1719 N CALVERT STREET BALTIMORE, MD 21202 USA
DIRECTOR	JACK GARDNER	25 YOUNGS AVE WEST WARWICK, RI 02893 USA
DIRECTOR	NATHAN TERRELL SYKES	25 YOUNGS AVE WEST WARWICK, RI 02893 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

NATHAN SYKES 127 DOYLE AVE PROVIDENCE, RI 02906

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

**Signed this 31 Day of May, 2024 at 12:13:23 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 NATHAN TERRELL SYKES

Signature of Authorized Person

Form No. 631 Revised 09/07

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