



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 119808		2. Exact name of the Corporation MUSIC ONE (REACHING FOR THE STARS)			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO PROVIDING POSITIVE RECREATIONAL OPPORTUNITIES THROUGH MUSIC FOR CHILDREN & ADULTS			
5. Principal office address 227 DUDLEY ST		City PROV	State RI	Zip 02907	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DARRYL WALKER SR			Vice-President Name TERRILL BATTIE		
Street Address 106 LEO STREET			Street Address 25 WASHINGTON ST		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02905
Secretary Name ROSE OSBORNE			Treasurer Name ROGUE WILBARS		
Street Address 434 PINE STREET			Street Address 172 ONTARIO STREET		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name GEORGE WINDSEY			Director Name DONALD OSBORNE		
Street Address 69 TANNER STREET			Street Address 125 SPICETT ST		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02905
Director Name TERRILL OSBORNE			Director Name		
Street Address 434 PINE STREET			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip

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 CORPORATION DIV
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8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

File Date: _____
 Check No: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

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.

FILED

FEB 15 2016 11:46

Terrill Osborn
 Signature of Officer or Authorized Representative Date

By: 267590 **TERRILL OSBORNE**
 Print or Type Name of Officer or Authorized Representative