



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 ROSE LEE BATES			
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 LUNDSEY		Director Name DONALD OSBORNE			
Street Address 44 TANNER STREET		Street Address 125 SPALDING 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

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

By **267590**

Signature of Officer or Authorized Representative

Date

TERRILL OSBORNE
Print or Type Name of Officer or Authorized Representative

RECEIVED
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CORPORATIONS DIV
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