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

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CORPORATIONS DIV
2018 MAR 16 PM 12:42

Annual Report for the year: 2017
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	2. Exact name of the Corporation
1664020	**BURRELL DRUMMING ACADEMY**
3. State of Incorporation: **RI**	5. Brief description of the character of business conducted in Rhode Island: **EDUCATIONAL DRUM LESSONS**
4. NAICS Code: **611519 - Other Technical an**	

6. Principal Office Address	City	State	Zip
65 NARRAGANSETT AVE	**PROVIDENCE**	**RI**	**02907**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **LEONARD BURRELL JR**			Vice-President Name **RAMONA HARRIS**		
Street Address **15C PLEASANT VW**			Street Address **120 PORTER ST**		
City **FALL RIVER**	State **MA**	Zip **02720**	City **PROVIDENCE**	State **RI**	Zip **02905**
Secretary Name **GERALD WHITE**			Treasurer Name		
Street Address **18 REDWING ST**			Street Address		
City **PROVIDENCE**	State **RI**	Zip **02907**	City	State	Zip

8. List ALL directors (names and addresses) RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name **LEONARD BURRELL JR**			Director Name **GERALD WHITE**		
Street Address **15C PLEASANT VW**			Street Address **18 REDWING ST**		
City **FALL RIVER**	State **MA**	Zip **02720**	City **PROVIDENCE**	State **RI**	Zip **02907**
Director Name **RAMONA HARRIS**			Director Name		
Street Address **120 PORTER ST**			Street Address		
City **PROVIDENCE**	State **RI**	Zip **02905**	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
LEONARD BURRELL JR	

Signature of Officer/Authorized Representative — SIGN DOCUMENT HERE

FILED
MAR 16 2018
BY 3266690

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

FORM 631 - Revised: 11/2017