



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

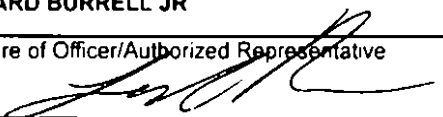
Annual Report for the year:

Non-Profit Corporation

→ Filing period: June 1 - June 30

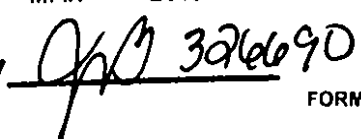
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 1664020		2. Exact name of the Corporation 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 and					
6. Principal Office Address 65 NARRAGANSETT AVE		City PROVIDENCE		State RI	Zip 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 LEONARD BURRELL JR					Date
Signature of Officer/Authorized Representative 					FILED

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

MAR 16 2018

BY 

FORM 631 - Revised: 11/2017