



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019

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.

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BUS SVCS DIV

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1. Entity ID Number <u>1664080</u>		2. Exact name of the Corporation <u>Burrell Drumming Academy</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Drum set music lessons</u>			
4. NAICS Code <u>451140</u>					
6. Principal Office Address <u>122 Chestnut Hill Ave</u>			City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Leonard Burrell Jr</u>			Vice-President Name <u>Gerald White</u>		
Street Address <u>122 Chestnut Hill Ave</u>			Street Address <u>18 Red Wing St</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>					
Director Name <u>Leonard Burrell Jr</u>			Director Name <u>Gerald White</u>		
Street Address <u>122 Chestnut Hill Ave</u>			Street Address <u>18 Red Wing St</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>
Director Name <u>Blake Henderson</u>			Director Name		
Street Address <u>49 Darrow St apt #3</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02960</u>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>Leonard Burrell Jr</u>					Date <u>6/24/21</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>					

FILED

JUN 24 2021

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

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