



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D: RI SOS BSD
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1. Entity ID Number 001758282		2. Exact name of the Corporation Burrell Music Academy			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Piano, guitar, bass and Vocal lessons			
4. NAICS Code 451140					
6. Principal Office Address 122 Chestnut Hill ave			City Cranston	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Leonard Burrell Jr			Vice-President Name Gerald White		
Street Address 122 Chestnut Hill ave			Street Address 993 Norton ave apt 306		
City Cranston	State RI	Zip 02920	City Providence	State RI	Zip 02909
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 ☐					
Director Name Leonard Burrell Jr			Director Name Gerald White		
Street Address 122 Chestnut Hill ave			Street Address 993 Norton Ave Apt 306		
City Cranston	State RI	Zip 02920	City Providence	State RI	Zip 02909
Director Name Blake Henderson			Director Name		
Street Address 49 Darrow St apt 3			Street Address		
City Providence	State RI	Zip 02906	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.					
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 FILED					Date
Signature of Officer/Authorized Representative 					

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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