



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 001763597

**2. Name of Corporation** List Academy of Music, Inc.

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624120

**4. Principal Office Address**

No. and Street: 513 BROADWAY

City or Town: NEWPORT

State: RI

Zip: 02840

Country: US

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO PROVIDE A VARIETY OF INTERACTIVE MUSICAL ENSEMBLES TO PROMOTE HEALING, IMPROVE THE QUALITY OF LIFE AND BRING JOY TO SENIORS WITH OR WITHOUT ALZHEIMERS, DEMENTIA, PARKINSONS, TRAUMATIC BRAIN INJURY, PTSD, AND OTHER NEUROLOGICAL DISORDERS. THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL AND SCIENTIFIC PURPOSES, INCLUDING FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR

THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	BRIAN DUNN	513 BROADWAY NEWPORT, RI 02840 US
CHAIR	MICHAAL O'SULLIVAN	513 BROADWAY NEWPORT, RI 02840 US
EXECUTIVE DIRECTOR	HEIDI LIST MURPHY	513 BROADWAY NEWPORT, RI 02840 US
DIRECTOR/SECRETARY	VANESSA ELLERMANN	513 BROADWAY NEWPORT, RI 02840 US
DIRECTOR	THOMAS DEMBINSKI	513 BROADWAY NEWPORT, RI 02840 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LEGALINC CORPORATE SERVICES INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 23 Day of April, 2024 at 3:24:13 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By VANESSA ELLERMANN  
Signature of Authorized Person

Form No. 631  
Revised 09/07