



State of Rhode Island
Department of State - Business Services Division

REC'D RI SOS BSD
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Annual Report for the year: 2025
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.

1. Entity ID Number <u>001758282</u>		2. Exact name of the Corporation <u>Burien Music Academy</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Music instruction lessons</u> <u>Sound engineering courses</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 ☐			
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>993 Norton Ave</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02909</u>
Secretary Name <u>Ramona Harris</u>		Treasurer Name <u>Sizer Avila</u>	
Street Address <u>14 Benjamin St</u>		Street Address <u>3 Gold Rd</u>	
City <u>Providence</u>	State <u>RI</u> Zip <u>02861</u>	City <u>Johnston</u>	State <u>RI</u> Zip <u>02131</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Blake Henderson</u>		Director Name <u>Danka Morillo - DINKA MORILLO</u>	
Street Address <u>14 Benjamin St</u>		Street Address <u>109 Cory Rd</u>	
City <u>Providence</u>	State <u>RI</u> Zip <u>02860</u>	City <u>Cranston</u>	State <u>RI</u> Zip <u>02900</u>
Director Name <u>Allen Burrell</u>		RI DOS MADE EDITS PER FILER	
Street Address <u>15 Pleasant St</u>		Street Address	
City <u>Fall River</u>	State <u>MA</u> Zip <u>02720</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.			
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 <u>Leonard Burrell Jr</u>			Date <u>10/3/2025</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

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

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FORM 631 Revised 2/2023
BY KV 10557
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