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State of Rhode Island
Department of State - Business Services Division

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	2. Exact name of the Corporation
001758282	Burrell Music Academy
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: music instruction lesson, Sound engineering courses
4. NAICS Code: 451140	

6. Principal Office Address	City	State	Zip
122 chestnut hill ave	cranston	RI	02920

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Leonard Burrell Jr	Gerald White
Street Address: 122 chestnut hill ave	Street Address: 993 manton ave
City: cranston State: RI Zip: 02920	City: Providence State: RI Zip: 02909
Secretary Name: Ramona Harris	Treasurer Name: Sixto Avila
Street Address: 14 Benjamin St	Street Address: 3 Gold rd
City: Pawtucket State: RI Zip: 02860	City: Johnston State: RI Zip: 02919

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Blake Henderson	Dinka Morillo - DINKA MORILLO
Street Address: 14 Benjamin St	Street Address: 109 curry rd
City: Pawtucket State: RI Zip: 02860	City: cranston State: RI Zip: 02920
Director Name: ALLEN Burrell	Director Name: RI DOS MADE EDITS PER FILER
Street Address: 15 Pleasant St	Street Address:
City: Fall River State: MA Zip: 02720	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	Date
Leonard R Burrell Sr	10/3/2025

Signature of Officer/Authorized Representative

FILED
OCT 03 2025
BY 4:08PM

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

FORM 631 Revised 12/2023