RI SOS Filing Number: 202579499780 Date: 10/3/2025 4:11:00 PM

State of Rhode Island					<u> </u>	
Department of State - Business Services Division					τ <sub>ω</sub> .	<b>.</b>
Annual Report for the year:	2-28	,			) RIDOS   )T 3 FM4:0	* IVI *
Non-Profit Corporation	3022				8SD 1:07:1	•
→ Filing period: February 1 - May 1			7:1:60	•		
→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if the penalty of the penalty o	form is not filed by	May 31.			<b>O</b> )	
1. Entity ID Number		f the Cosporation		1	1	
001664020	Bussell Drumning Academy					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
PT	Drum set instruction legsons					
4. NAICS Code	I PACE	Jen a	2.0 47.1	74570	1/7	
451146						
6. Principal Office Address 1 1 .	)		City		State	Zip
122 CLOSTNUTLI	ave		Cransten		1/2	02920
7. List ALL officers (names and add	resses)			Check the	box to indicate an	attachment
President Name	<u> </u>		Vice-President Name	Lilito		
Street Address			Street Address 993 hoto Cycle 60+ 306			
122 Chestnuthill	GVR.	T <sub>a</sub> ,		to- cr	1 0	<del></del>
City	State	Zip 2 72 0	city ( ovider ce		State	2ip 02909
Secretary Name  Karona //	1115	•	Treasurer Name 5, 2	er Ali	1/2	
Street Address woodhile			Street Address 3 Gold (d			
City Providence	State &	2ip 290 %	city Johnson	P.	State LZ	Zio OB 926
8. List ALL directors (names and ad	dresses). RI Corp	<u> </u>	t at least THREE directo	ors.		
Check the box to indicate an attachment						
Director Name Blake Hadyson			Director Name Di			
Street Address 14 /Senignia St			Street Address 109 CUSIS PA			
city antick pt	State	zig 286)	City Creation	3	State	38 93 °
Director Name	BUY (911	RI D		<del>S PER F</del> I	LER	100 100
Street Address 5 PP	iszint :	Street	Street Address			
City Fall River	State MA	Zip DDD	City		State	Zip
9. The Registered Agent information	of record with the	e RI Department o	f State is accurate. Cha	nges require	filing Form 641.	<del></del>
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				ed Representati	ve, Receiver or Truste	e.
Name of Officer/Authorized Representative						)
Leonard & Byllell y						2025
Signature of Officer/Authorized Repr	esentative	-				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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FORM 631- Revised: 12/2023