

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-150).

subject to a penalty fee of \$25.00.		juiling or rejusing to fue its an	nual report within thirty (30) d	ays after the time prescribed by i	law (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 73105	2. Name of Corporation Empire Theatre, Inc.				
3. Street Address Principal Business Office 17 Water St. P.O. Box 1261			City Block Island	State RI	Ζφ 02807
401-466-2555 Rhode Island					
6. Brief Description of the Character To own and operate a theat	of Business Conducted in . er on Block Island.	Rhode Island			
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS	: ("X" BOX FOR ATTA	CHMENT) FILL IN S	SPACES BEFORE USING	ATTACHMENTS
Gary Pollard Street Address					
278 Sackett St. #1			Street Address		
Brooklyn	State NY	^{Zip} 11231	City	State	Zip
Secretary Name Gary Pollard			Treasurer Name Gary Pollard		
Street Address 278 Sackett St. #1			Street Address 278 Sackett St. #1		
Gity Brooklyn	State NY	<i>Ζί</i> ρ 11231	City Brooklyn	State NY	<i>Ζψ</i> 11231
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	S: ("X" BOX FOR ATI	TACHMENT) TILL IN Director Name	SPACES BEFORE USIN	IG ATTACHMENTS
Street Address					
the state of the s			Street Address		
City	State	Zip	City	State	Zip
Director Name	700 0 4 0 4 1 0 0 6 6 4 0 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	. 4	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100	Common	\$0.01
This report must be executed of this report must be executed o	on behalf of the corp	oration by an authorize	d representative. If the co	orporation is in the hand	s of a receiver or trustee,
	01 W. O VOI PC	audon by the receiver (it tiustee.		
			Under negalty of ne	eriusy I declare and officen t	hat I have examined this report
2	2010		including any according contained perein are	npanying schedules and sta	tements, and that all statements
File Date					
Check No. 2/	06		Signature /	y Polland	t Date
Ву:	mc		Print or Type Name		
FOR SECRETARY OF STATE USE ONLY Title Form 630 Pay 08 408					