



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | |
|--|--------------------|--|-----------------------------|---------------------|
| 1. Entity ID No. 70191 | | 2. Exact name of the Corporation Empire Productions Inc. | | |
| 3. Principal office address 17 Water St, PO Box 1261 | | City Block Island | State RI | Zip 02807 |
| 4. Business Phone No. 401-466-3132 | | 5. State of Incorporation New York | | |
| 6. Brief description of the character of business conducted in Rhode Island To own and lease a theater and other retail spaces on Block Island. | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| President Name Gary Pollard | | Vice-President Name | | |
| Street Address 17 Water St., POB 1261 | | Street Address | | |
| City Block Island | State RI | Zip 02807 | City | State |
| Secretary Name Gary Pollard | | Treasurer Name Gary Pollard | | |
| Street Address 17 Water St., POB 1261 | | Street Address 17 Water St., POB 1261 | | |
| City Block Island | State RI | Zip 02807 | City Block Island | State RI |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 9. SHARES AUTHORIZED | | | | |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| 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 on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date FEB 21 2012
 Check No _____
 By: 6077

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.

Gary Pollard 2/17/12
 Signature of Authorized Representative Date

Gary Pollard
 Print or Type Name of Authorized Representative