



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3046

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 536094	2. Exact name of the limited liability company The Empire shall Fall LLC
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3. State of Formation RI	4. Brief description of the character of the business which is actually conducted in Rhode Island Band/Music
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5. Principal office address 27 King Street	City Warwick	State RI	Zip 02886
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name Jacob Davenport	Contact Title CEO		
Street Address 416 Jennelle Rd	City Christiansburg	State VA	Zip 24073

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS

FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT)

Manager Name	Manager Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Manager Name	Manager Name
Street Address	Street Address
City	City
State	State
Zip	Zip

8. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

FILED

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SECRETARY OF STATE
CORPORATIONS DIV

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct.

Signature of Authorized Person: Jacob Davenport Date: 10/27/15

Print or Type Name of Authorized Person: Jacob Davenport

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY