

State of Rhode Island and Providence Plantations Department of State - Eusiness Services Division

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

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

HOPE		_		_				
Profit Corporation A	nnual Rep	ort for the year:	2016					
Filing period: January 1 -		•						
Filing Fee: \$50.00 *FAIL			MARCH 31 WILL RE	ESULT IN A	\$25.00 PEN	NALTY FEE.		
1. Entity ID Number	2. Exact nam	ne of the Corporation						
10191	Empire Pr	oductions, Inc.						
3. Principal Office Address	City	Sta	ate	Zip				
17 Water St., PO Box 1261			Block Island	R	t i	02807		
4. Business Phone Number	5. State of Incorporation							
401-466-3132	New York							
6. Brief description of the ch	aracter of busin	ess conducted in Rho	de Island					
To own and lease a the	ater and othe	er retail spaces on l	Block Island				+	
7. List ALL officers (names a	and addresses)			eck the box	to indicate an	attachment		
President Name Gary Pollar	Vice-President Name							
Street Address 17 Water St.	Street Address							
City Block Island	State RI	^{Zip} 02807	City	Sta	ite	Zip		
Secretary Name Gary Pollar	Treasurer Name Gary Pollard							
Street Address 17 Water St.	Street Address 17 Water St., PO Box 1261							
City Block Island	State RI	^{Zip} 02807	City Block Island		RI	^{Zip} 02807		
8. List ALL directors (names	and addresses)		neck the box	to indicate an	attachment		
Director Name			Director Name					
Street Address	Street Address							
City	State	Zip	City	Sta	ite	Zip		
9. Shares Authorized			10. Shares Issued	Check box	eck box to indicate an attachment			
This information is currently of record in the Department of State.			NUMBER OF SHARES	CLASS/SERIES	SERIES PAR VALUE			
			100	Commor	· \$	\$0.01		
Changes require an additiona	ıl filing.							
11. This report must be exec	uited on hehalf	of the corporation by a	n authorized represent	ative If the c	omoration is i	n the hands o	f a	
receiver or trustee, this repo								
Under penalty of perjury, I	declare and at	ffirm that I have exan	nined this report, inclu	iding any ac	companying	schedules a	nd	
statements, and that all sta Name of Authorized Represe		ained nerein are true	and correct.		Date	**		
Renee Meyer			4/19/201	6				
Signature of Authorized Rep	resentative							
1/1/200	7	SIGN DOCU	JMENT HERE					
Manch 11	(ugh		FII FD					
•	1		LILED					

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Form No. 630 Revised: 2016