



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2018**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>000073105</b>		2. Exact name of the Corporation <b>The Empire Theatre, Inc.</b>			
3. Principal Office Address <b>17 Water St., PO Box 1261</b>			City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>
4. NAICS Code <b>71 - Arts, Entertainment, and R</b>		6. Brief description of the character of business conducted in Rhode Island <b>To own and operate a theater on Block Island; to lease retail space to others.</b>			
5. State of Incorporation <b>Rhode Island</b>		<b>71110</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Gary Pollard</b>			Vice-President Name		
Street Address <b>17 Water St., P.O. Box 1261</b>			Street Address		
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City	State	Zip
Secretary Name <b>Gary Pollard</b>			Treasurer Name <b>Gary Pollard</b>		
Street Address <b>17 Water St., P.O. Box 1261</b>			Street Address <b>17 Water St., P.O. Box 1261</b>		
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>Block Island,</b>	State <b>RI</b>	Zip <b>02807</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>100</b>	<b>Common</b>	<b>\$0.01</b>
11. 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. <i>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.</i>					
Name of Authorized Representative <b>Renee Meyer</b>				Date <b>2/7/2018</b>	
Signature of Authorized Representative <i>Renee Meyer</i>				<b>FILED</b> SIGN DOCUMENT HERE <b>FEB 13 2018</b> BY <b>779405</b>	