



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 13 2019

BY

7934

1. Entity ID Number 000070191		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. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island To own and lease a theater on Block Island.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Gary Pollard			Vice-President Name		
Street Address 88 Mawney St			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Gary Pollard			Treasurer Name Gary Pollard		
Street Address 88 Mawney St			Street Address 88 Mawney St.		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		100	Common	\$0.01	
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.					
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.					
Name of Authorized Representative Renee Meyer				Date 3/11/2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov