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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECD RI SOS BSD
25 JAN 16 PM 4:01:24
SIP

1. Entity ID Number 000073105		2. Exact name of the Corporation Empire Theatre, Inc.			
3. Principal Office Address 17 Water Street		City Block Island		State RI	Zip 02807
4. NAICS Code 711110		6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A THEATER ON BLOCK ISLAND TITLE: 7-1.1-51			
5. State of Incorporation RI					
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 17 Water Street, PO Box 1261			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES CWP	PAR VALUE \$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. FILED					
Name of Authorized Representative Gary Pollard				Date 1/15/2025 2:56 PM PST	
Signature of Authorized Representative Gary Pollard				BY <u>ELQPZ</u> 402 PS	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov