

ubject to a penalty fee of \$25.00.

2211 Woodward Avenue

2211 Woodward Avenue

). SHARES AUTHORIZED

instruction sheet.

City

City

Detroit

Director Name Marian Ilitch

Street Address

Detroit

State

Μì

State

MI

State. Changes require an additional filing. See Section 9 of

This information is currently of record in the Office of the Secretary of

A. Ralph Mollis, Secretary of Stat Corporations Divisio 148 W. River Stree Providence, RI 02904-261 401.222.304

Zip

Zip

Par Value

1.00

48201

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011 Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

Zip

48201

48201

. Corporate ID No. 000315893	2. Name of Con Blue Line I	2. Name of Corporation Blue Line Foodservice Distribution, Inc.			
Street Address Principal Business Office 2211 Woodward Avenue			City Detroit	State MI	^{2ip} 48201
Business Phone No. 313-471-6000 5. State of Incorp		5. State of Incorpora Michigan	ration		
. Brief Description of the Cl Wholessale sale of fo	ood products, supplie	es and equipment.			A TOTAL CANADA TOTAL
. NAMES AND ADDI President Name Matthew Ilitch	RESSES OF THE OFF	ICERS: ("X" BOX FOR	ATTACHMENT) FILL I Vice President Name Christopher Ilitch		NG ATTACHMENTS
Street Address 2211 Woodward Avenu			Street Address 2211 Woodward Avenue		
City Detroit	State MI	^{Ζiρ} 48201	City Detroit	State MI	^{Z‡} 48201
Secretary Name Marian Ilitch			Treasurer Name Marian Ilitch		
Street Address 2211 Woodward Avenue			Street Address 2211 Woodward Avenue		
City Dotroit	State MI	^{Zip} 48201	City Detroit	State MI	^{Zip} 48201
B. NAMES AND ADD Director Name Christopher Ilitch	RESSES OF THE DIE	RECTORS: ("X" BOX FO	DR ATTACHMENT) FIL Director Name Marian llitch	L IN SPACES BEFORE U	JSING ATTACHMENTS
Street Address			Street Address 2211 Woodward Avenue		

City

City

Detroit

Director Name

Street Address

Number of Shares

60,000

' In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is

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.

	FILED			
File Date	FEB 28 2011			
ву:ВУ	921727			
FOR SECRETARY OF STATE USE ONLY				

Under penalty of perjury, I declare and including any accompanying schednes contained herein are true and correct	affirm that I have examined this report and statements, and that all statements.
Signature	Date
Marian Ilitch	
Print or Type Name	
Secretary/Treasurer	
Title	Form 630 Pay 08/08

State

М

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Class/Series

Common/None

ISSUED SHARES — THIS SECTION MUST BE COMPLETED