



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

2013

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 150230		2. Exact name of the Corporation Blaine Enterprises, Inc.		
3. Principal office address 1280 Oaklawn Avenue		City Cranston	State RI	Zip 02920
4. Business Phone No. 401 463 8824		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island sales and service of sewing machines				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Robert Roy		Vice-President Name Karen Roy		
Street Address 75 Franklin Road		Street Address 75 Franklin Road		
City Foster	State RI	Zip 02825	City Foster	State RI
Secretary Name Robert Roy		Treasurer Name Karen Roy		
Street Address Same		Street Address Same		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Robert Roy		Director Name Karen Roy		
Street Address Same		Street Address Same		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		1000	.01	

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.

File Date _____
 Check No _____
 By _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 06 2013
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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.

Signature of Authorized Representative *Robert Roy* Date 2/3/13
Robert Roy

Print or Type Name of Authorized Representative