



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.

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|--|--------------------|--|-----------------------|---------------------|
| 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
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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 *[Signature]* Date **2/3/13**
Robert Roy

Print or Type Name of Authorized Representative