



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 00315893		2. Exact name of the Corporation Blue Line Foodservice Distribution, Inc.			
3. Principal Office Address 24120 Haggerty Road			City Farmington Hills	State MI	Zip 48335
4. NAICS Code 48-49 - Transportation and War		6. Brief description of the character of business conducted in Rhode Island Wholesale sale of food products, supplies and equipment			
5. State of Incorporation Michigan					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Scrivano			Vice-President Name Christopher Ilitch		
Street Address 2211 Woodward Avenue			Street Address 2211 Woodward Avenue		
City Detroit	State MI	Zip 48201	City Detroit	State MI	Zip 48201
Secretary Name Marian Ilitch			Treasurer Name Marian Ilitch		
Street Address 2211 Woodward Avenue			Street Address 2211 Woodward Avenue		
City Detroit	State MI	Zip 48201	City Detroit	State MI	Zip 48201
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Marian Ilitch			Director Name Christopher Ilitch		
Street Address 2211 Woodward Avenue			Street Address 2211 Woodward Avenue		
City Detroit	State MI	Zip 48201	City Detroit	State MI	Zip 48201
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			60,000	Common	1.00
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 John Kotlar				Date 3/13/17	
Signature of Authorized Representative <i>John Kotlar</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
MAR 20 2017
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