



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

**FILED**

**Annual Report for the year: 2017**  
**Corporation**

FEB 12 2018

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

BY 144

*[Handwritten signature]*

1. Entity ID Number <b>001677052</b>		2. Exact name of the Corporation <b>BLUE LINE MANAGEMENT, INC.</b>			
3. Principal Office Address <b>519 MENDON ROAD, PO BOX 8000</b>			City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
4. NAICS Code <b>531110</b>		6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE HOLDING</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>PETER R. ALGER</b>			Vice-President Name <b>PETER R. ALGER</b>		
Street Address <b>519 MENDON ROAD</b>			Street Address <b>519 MENDON ROAD</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>PETER R. ALGER</b>			Treasurer Name <b>PETER R. ALGER</b>		
Street Address <b>519 MENDON ROAD</b>			Street Address <b>519 MENDON ROAD</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>PETER R. ALGER</b>			Director Name		
Street Address <b>519 MENDON ROAD</b>			Street Address		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1000		CNP
			100		CNP
					PAR VALUE
					0
					0
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.					
<b>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.</b>					
Name of Authorized Representative <b>PETER R. ALGER</b>					Date <b>1/25/2018</b>
Signature of Authorized Representative <i>[Handwritten Signature]</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