

FILED

Annual Report for the year: 2018
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

	OCT 2 3 2018	2
BY.	20	

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1. Entity ID Number	2. Exact name of the Limited Liability Company						
 114003	Blue Line Marketing Services LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
541613	Marketing services						
5. State of Formation	1		•				
Rhode Island							
5. Principal Office Address			City	State	Zip		
33 Roslyn Avenue			Providence	RI	02908		
7. Mailing Address of Limited Lia	bility Company a	nd Name or Title		<u>-</u>			
Contact Name Robert H. Schmidt			Contact Title Manager				
Street Address 33 Roslyn Avenue			City Providence	State RI	^{Zip} 02908		
8. List ALL managers (names ar	nd addresses) of	the Limited Liabil	ity Company, IF APPLICABLE - D	O NOT LIST ME	MBERS		
Manager Name Robert H. Schmidt			Manager Name NONE				
Street Address 33 Roslyn Avenue			Street Address				
City Providence	State RI	Zip 02908	City $\mathcal{C}_{\mathbb{A}^3}$	State	Zip		
Manager Name NONE			Manager Name NONE				
Street Address			Street Address				
City	State	Zıp	City	State	Zip		
	<u> </u>	<u> </u>	Che	ck the box to indi	cate an attachment		
9. Resident Agent in Rhode Islan	nd. This information	n is currently of rece	ord with the Department of State. Cha	nges require filing F	orm 642.		
Under penalty of perjury, I dec statements, and that all staten			ined this report, including any a	accompanying s	chedules and		
Name of Authorized Person	Date						
Robert H. Schmidt							
Signature of Authorized Person SIGN DOCUMENT HERE							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov