



Department of State - Business Services Division

FILED

Annual Report for the year: 2021
 Corporation

FEB 19 2021

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

B# 4743
DS

1. Entity ID Number <u>000150230</u>		2. Exact name of the Corporation <u>Blaine Enterprises Inc</u>			
3. Principal Office Address <u>1280 OAKLAWN AVE</u>			City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>
4. NAICS Code <u>423620</u>		6. Brief description of the character of business conducted in Rhode Island <u>Sales + service of Sewing machines</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Robert Roy</u>			Vice-President Name <u>Karen Roy</u>		
Street Address <u>25 FRANKLIN Rd</u>			Street Address <u>25 FRANKLIN Rd</u>		
City <u>FOSTER</u>	State <u>RI</u>	Zip <u>02825</u>	City <u>FOSTER</u>	State <u>RI</u>	Zip <u>02825</u>
Secretary Name <u>SAME</u>			Treasurer Name <u>SAME</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <u>1000</u>	CLASS/SERIES	PAR VALUE <u>.01</u>
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 <u>Robert Roy</u>				Date <u>2/14/21</u>	
Signature of Authorized Representative 					