



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 09 2024

BY *[Signature]* 1506

1. Entity ID Number 001677052		2. Exact name of the Corporation BLUE LINE MANAGEMENT, INC			
3. Principal Office Address 519 MENDON ROAD			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island HOME IMPROVEMENTS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PETER R ALGER			Vice-President Name PETER R ALGER		
Street Address 519 MENDON ROAD			Street Address 519 MENDON ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name PETER R ALGER			Treasurer Name PETER R ALGER		
Street Address 519 MENDON ROAD			Street Address 519 MENDON ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PETER R ALGER			Director Name		
Street Address 519 MENDON ROAD			Street Address		
City CUMBERLAND	State RI	Zip 02864	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		PAR VALUE
			1000	CNP	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.					
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 PETER R ALGER					Date 2/5/2024
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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