

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000007171

Entity Name: BLUEPRINT INCOME, LLC

Current Principal Place of Business:

10 FAN PIER BLVD
BOSTON, MA 02210

Current Mailing Address:

10 FAN PIER BLVD
BOSTON, MA 02210 US

FEI Number: 46-5747132

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
801 US HWY 1
NORTH PALM BEACH, FL 33408 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JON-MICHAEL SANCHEZ, SPECIAL SECRETARY

04/12/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name DIAZ, RICARDO
Address 10 FAN PIER BLVD
City-State-Zip: BOSTON MA 02210

Title CORPORATE SECRETARY
Name CREEGAN, PATRICK
Address 10 FAN PIER BLVD
City-State-Zip: BOSTON MA 02210

Title TREASURER
Name SINISGALLI, JULIETA
Address 10 FAN PIER BLVD
City-State-Zip: BOSTON MA 02210

Title ASSISTANT TREASURER
Name FINUCANE, BRIAN
Address 10 FAN PIER BLVD
City-State-Zip: BOSTON MA 02210

Title ASSISTANT TREASURER
Name LIN, XIANHUI
Address 10 FAN PIER BLVD
City-State-Zip: BOSTON MA 02210

Title ASSISTANT SECRETARY
Name AKINBAJO, TOKUNBO
Address 10 FAN PIER BLVD
City-State-Zip: BOSTON MA 02210

Title MANAGER
Name BLUE, DOMINIC
Address 10 FAN PIER BLVD
City-State-Zip: BOSTON MA 02210

Title MANAGER
Name CRADDOCK, GEOFFREY
Address 10 FAN PIER BLVD
City-State-Zip: BOSTON MA 02210

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOMINIC BLUE

MANAGER, BY JON-
MICHAEL SANCHEZ,
ATTORNEY-IN-FACT

04/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name CHICARES, ELIZABETH WARD
Address 10 FAN PIER BLVD
City-State-Zip: BOSTON MA 02210

Title MANAGER
Name LLC, MML CM
Address 10 FAN PIER BLVD
City-State-Zip: BOSTON MA 02210