



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 117675		2. Exact name of the limited liability company Qarry Hill Properties, LLC					
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Buying/Selling and Rentals of Real Estate					
5. Principal office address 4 Spuchy Drive/P.O. Box 505		City Westerly		State Rhode Island		Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name Samuel A. Bliven, Jr.				Contact Title Manager			
Street Address 4 Spuchy Drive/P.O. Box 505		City Westerly		State Rhode Island		Zip 02891	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐							
Manager Name Samuel A. Bliven, Jr.				Manager Name			
Street Address 4 Spuchy Drive/P.O. Box 505				Street Address			
City Westerly		State Rhode Island		Zip 02891		City 	
Manager Name				Manager Name			
Street Address				Street Address			
City		State		Zip		City	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11							

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

117675

File Date	FILED
Check No.	SEP 21 2009
By:	By 1707
FOR SECRETARY OF STATE USE ONLY	

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.

Samuel A. Bliven, Jr. 9/12/09
Signature of Authorized Person Date

Samuel A. Bliven, Jr.

Print or Type Name of Authorized Person