Annual Report for the Limited Liability Con		2016				
 → Filing period: Septen → Filing Fee: \$50.00 → Penalty: Additional \$2 	nber 1 - Novemb		i mber 1.			
1. Entity ID Number	2. Exact nar	2. Exact name of the Limited Liability Company				
104594		QUARRY Hill Transportation LLC				
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island				
48-49						
5. State of Formation		1				
RI	Truc	ung				
6. Principal Office Address			City	State	Zip	
160 Pulaski rd			Chepachet	RI	02814	
7. Mailing Address of Limited						
Contact Name John Highes			Contact Title O WNET			
Street Address 160 Pulaski rd			cir Chepachet	State	= Zip 02814	
8. List ALL managers (name	****	of the Limited List	ility Company, IF APPLICAB			
Manager Name John Hughes			Manager Name			
Street Address 160 Pulaski rd			Street Address			
Chepuchet	State	02814	City	Stata	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to	indicate an atlach	
9. Resident Agent in Rhode I						
Under penalty of perjury, I statements, and that all sta	declare and affirm itements contains	n that I have examed herein are true	nined this report, including and correct.	any accompanyi	ing schedules and	
Name of Authorized Person				Dete		
. (John	Hughes		1-12-17		
Signature of Authorized Pers	on	SIGN DO	CUMENT HERE	- Thus		
					R. S.	
			; Ve	FILED		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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