



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>104594</u>		2. Exact name of the limited liability company <u>Quarry Hill Trans LLC.</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Trucking (484110)</u>			
5. Principal office address <u>160 Pulaski rd</u>		City <u>Chepachet</u>	State <u>RI</u>	Zip <u>02814</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>John Hughes</u>		Contact Title <u>Owner</u>			
Street Address <u>160 Pulaski rd</u>		City <u>Chepachet</u>	State <u>RI</u>	Zip <u>02814</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name <u>John Hughes</u>		Manager Name			
Street Address <u>160 Pulaski rd</u>		Street Address			
City <u>Chepachet</u>	State <u>RI</u>	Zip <u>02814</u>	City	State	Zip
Manager Name <u>John Hughes</u>		Manager Name			
Street Address <u>160 Pulaski rd</u>		Street Address			
City <u>Chepachet</u>	State <u>RI</u>	Zip <u>02814</u>	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Charges require filing Form 642.					

FILED

OCT 17 2018

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11:53

File Date _____

Check No _____

By: _____

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.

John Hughes 10-10-18
Signature of Authorized Person Date

Print or Type Name of Authorized Person