



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 - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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. Changes require filing Form 642.					

SECRETARY OF STATE  
 CORPORATIONS DIVISION  
 2018 OCT 17 AM 11:51

**FILED**

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File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

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

FOR SECRETARY OF STATE USE ONLY