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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: (20) 7

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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1. Entity ID Number	2. Exact name of the Limited Liability Company						
000 117675	Query Hill Paperfier LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531390 5. State of Formation	Byylns	Selling	and Resk	ls of Real	Eslak		
RΙ		·					
6. Principal Office Address 4 Spucky 11			city Westuly	State LT	Zip 0789/		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Samuel	Blive Jr	•	Contact Title President				
Street Address Pu Box SoS		city Wester's	State KI	Zip 02891			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Sanre/	Blike) (Manager Name						
Street Address 50 Old Pat PJ			Street Address				
City Westerly	State RI	Zip 0785/	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
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.							
Name of Authorized Person SAMUEL A BLIVEN JR Date 8/21/19							
SAMUEL A BLIVEN JP 8/21/19 Signature of Authorized Person Saml A Be AGN DOCUMENT HERE							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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