



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

AUG 23 2019

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Annual Report for the year: 2019
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <u>000117675</u>		2. Exact name of the Limited Liability Company <u>Quarry Hill Properties LLC</u>			
3. NAICS Code <u>531390</u>		4. Brief description of the character of business conducted in Rhode Island <u>Buying/Selling and Rentals of Real Estate</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>4 Sprucey Dr</u>		City <u>Westerly</u>		State <u>RI</u>	Zip <u>02891</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Samuel Bliven Jr.</u>		Contact Title <u>President</u>			
Street Address <u>Po Box 505</u>		City <u>Westerly</u>		State <u>RI</u>	Zip <u>02891</u>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>Samuel Bliven Jr</u>		Manager Name			
Street Address <u>50 Old Post Rd</u>		Street Address			
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	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 <u>SAMUEL A BLIVEN JR</u>				Date <u>8/21/19</u>	
Signature of Authorized Person <u>Samuel A Bliven Jr</u>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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