

1. ID No.

104594

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matibew A. Brown, Secretary of State

2. Exact name of the limited liability company

Quarry Hill Transportation, LLC

(FORM MUST BE TYPED OR PRINTED IN BIACK)

Corporations Division 100 North Main Stree Providence, RI 02903-13: 401-222-30-

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ________

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

3 State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island						
RHODE ISLAND	TRANSPORTA		avier is actually conducted in Rhode	<i>island</i>			
6. MAILING ADDRESS OF	LIMITED LIABILIT	ry company and nat	Chepuche to ME OR TITLE OF CONTACT P	State // /Z	27	02514	
	ishes		owner	•		•	
Street Address 160 Polask	i rd		Chepachet	State	I	02814	
7. NAME AND ADDRESS O ANY MOD	F EACH MANAGE FILL IN SPAC	ES BEFORE USING ATT	ABILITY COMPANY, IF APPLICACHMENTS' ("X" BOX FOR FILING OF AMENDMENT, R.I.	ATTACHARENT	' ')	•	
Manager Name John H	ryles		Manager Name				
160 Pulaski	rb		Street Address				
Chepachet	State RI	×10 02814	City	State		?up	
Manager Nume			Manager Name		·····J.	•••••••••••••••••••••••••••••••••••••••	
Street Address		<u> </u>	Sinvi Address				
Tip.	State	Zip	City	State		C(p	
S. RESIDENT AGENT IN RH Igent Name JOHN L. HUGHES	ODE ISLAND - De	O NOT ALTER - Change	require filing of Form 64:	I 2 - R.I.G.L. 7-1	6-11	•	
ddress			City Zip			 .	
100 BELLOWS STREET, UNIT 44			WARWICK 02888				

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

File Date 1/24/06 *104594*

Check No. 2543

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.

Signature of Authorized Person

John Hughes



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Dun 100 North Main St Providence, Rt 02903+1 101-222/3

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE 1	YPED OR PRINTED IN BLACK)						
1 ID No		2 Exact name of the limited hability, company					
104594	Quarry Hill Transport	Quarry Hill Transportation, LLC					
3 State of Forman	m 4 Brief description	n of the character of the loss	tness which is actually conducted in Rhod	e Island			
RHODE ISLA	TRANSPORT		,				
5 Principal office i	i i		Cur	State			
	llouis St	UNIT 44	WArwick	RI	02888		
	DRESS OF LIMITED LIABII	JTY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	1 02000		
Contact Name			Contact Title	- 27.017.1.			
Street Address	John L. Hughe	<u>'S</u>	_ owner				
	Pulaski rd		C100	State	Zu		
			Chepachet	RI	02814		
7. NAME AND 2	ADDRESS OF EACH MANAG	ER OF THE LIMITED	LIABILITY COMPANY, IF APPL	ICABLE	1000,7		
	" II.I. III 3FA	CES REFERE CSINC	ATTACIII ATTAC INCH BOLL				
Manager Name		MANAGERS REQUIR	ES FILING OF AMENDMENT, R.:	I.G.L. 7-16-12 (a) (2)	7-16-52		
	John / Ha	ihes	Manager Name				
Street Address	0111 20 1109	<u> </u>					
160	Pulaski 1	-d	Street Address				
Chepac	het saw RI	02814	City	State	Zip		
Manager Name		***************************************	Manager Name	Manager Name			
Street Address							
			Street Address				
City	State	Zip	Cit)	State	Zφ		
8. RESIDENT AC	(FNT IN PHONE ICLAND -	1	‡		'		
Agent Name	AND IN KNODE ISLAND - I	OO NOT ALTER - Cha	nges require filing of Form 64	2 - R.I.G.L. 7-16-11	•		
			3ddress				
JOHN L HUGHES		<u> </u>					
Address			City:	Zip			
100 BELLOWS ST	REET, UNIT 44		WARWICK	· ·			
			Towns of the Control				

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

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 	1 -	_ 1				_	_		7

 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.

Synature of Authorized Person

John L. Hyhes



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Duri 100 North Main 8. Providence, RI 02963-1 401-222-3

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003

1 ID No	2 Exact name of the limited	hability company			
104594	Quarry Hill Trans	portation, LLC			
3 State of Formation	4 Bnef description	of the character of the busines	s which is actually conducted in khode	: Isiand	
RHODE ISLAND	TRANSPORTA				
5. Principal office addi	~ //		City		
100 1.	Bellows ST.	UNIT 44	WATWICK	State RI.	129 EEE
. MAILING ADDR	RESS OF LIMITED LIABILI	ITY COMPANY AND NA	ME OR TITLE OF CONTACT I	PERSON:	02888
Joh.	n L. Hughe Bellows St	5	Contact Tale		
itreet Address	0 11 1		OWNER WASWICK		
100 L	SE/10WS SF	UNIT 44	WArwick	State .	2.p
NAME AND ADI	DRESS OF EACH MANAGE	R OF THE LIMITED LIA	ABILITY COMPANY 15 ABBL	/ -a	102888
					7
lanager Same	- ** •	THE STATE OF THE S	FILING OF AMENDMENT, R.I	.G.L. 7-16-12 (a)	
John	1 L. Highe	.5	Manager Name		
John	1 L. Highe	25	Manager Name		
John 100 Bell	1 L. Hugher Hows ST	un, f 44	Manager Name Street Address		
John 100 Bell av WATWICK	1 L. Hughe Hous ST	24 O2888	Manager Name	State	Ząp
John 100 Beh www.ck	1 L. Higher Hous ST	02888	Manager Name Street Address City		
nounger xame	1 L. Hughe Hous ST Sinc NI	2001 + 44 02888	Manager Name Street Address		
	1 L. Hughe Hows ST State NI	200, 444 02888	Manager Name Street Address City		
rvet Address	1 L. Hughe Hous ST Sinc PCT	200, 444 02888	Manager Name Street Address City Manager Name Street Address	Staw	
reet Address	1 L. Highe Hous ST State PCT	21p	Manager Name Street Address City Manager Name Street Address City	Staw State	Zip
treet Address	1 L. Highe Hous ST State PCT	21p	Manager Name Street Address City Manager Name Street Address City	Staw State	Zip
reet Address it; RESIDENT AGEN	1 L. Highe Hous ST State PCT	21p	Manager Name Street Address City Manager Name Street Address	Staw State	Zip
treet Address try RESIDENT AGEN gent Name DHN L. HUGHES	1 L. Highe Hous ST State PCT	21p	Manager Name Street Address City Manager Name Street Address City require filing of Form 64	Staw State	Zip
treet Address	Vaic T IN RHODE ISLAND - D	21p	Manager Name Street Address City Manager Name Street Address City require filing of Form 64	Staw State	Zip Zip

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

	* 1 0 4 5 9	4 *
File Date	9.23.03	
Check No	1889	
B _V .— — -	<u>a</u>	
F)	OR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm including any accompanying schedules and st contained herein are true and correct.	that I have examined this report, atements, and that all statements,
Al Hugh	9-77-03

Date

John Hyghes

Print or Type Name of Authorized Person



Edward S. Inman, III, Secretary of Sta Corporations Divisio 100 North Main Street, Providence, RI 02903-13:

401.222.304 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _2002 Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company 104594 Quarry Hill Transportation, LLC 3. State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island **TRANSPORTATION RHODE ISLAND** 5. Principal office address State Bellows st Warwick 33310 RIP 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title State 02888 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT□ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Street Address State Zip Manager Nan Manager Name Street Address ·Street Address City Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.C.L. 7-16-11 Agent Name Address JOHN L. HUGHES

City

WARWICK

This report must be signed in ink by an authorized person pursuant to 7-16-66.



File Date	11-24-02	
Check No	1602	
В <u>у:</u>	de	
FOR SECRET	ARY OF STATE USE ONLY	

Address

100 BELLOWS STREET, UNIT 44

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.

7.ip

02888

Slepature of Authorized Person

9-26-02

zed Person

John Hykes

Form 632 Rev. 6/02



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

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ID	Number	DLLC	104594
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Annual Report for the year 2001

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1.	The name of the limited liability com	ipany is:			
	Quarry Hill Transportation, LLC				
2.	The address of the principal office of	f the limited liability	company is:		
	100 Bellows st u	wit 44	warwick	12I	02.888
3.	<u></u>				
4.	The name and address of its resider	nt agent is: JOHN	L. HUGHES		
	100 BELLOWS STREET, UNIT 44	WARWICK RI 028	38		
5.	The current mailing address of the li	mited liability comp			
	may be directed are: 100 Set	lows st	unit 44 1	vain	ck 12202888
	John Highes				
6.	A brief statement of the character	of the business in	which the limited liability	ty company	y is actually engaged in this
	state: Trucking				
7.			and address of each m	anager of t	
	John Highes	S .		Address	
			er / c.		
					
D-4	A. 7. a.				
Uat	led 9-7-01	report, ind	luding any accompany	ing sched	n that I have examined this fules and statements, and
		that all star	ements contained herei	n are true a	and correct.
	1 0 4 5 9 4	_ Wua	Exact Name of Limite	d Liability C	Company
	FOR SECRETARY OF STATE USE ONLY	2. ()	0 26		, ,
File I	Date: 9-10-0/	ву	DWNET		
Chec	k No.: 1304		Title		
Ву:	2.				Form No. 632 Revised 01/99

DETACH BOTTOM DEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040, or from our web site at www.state.ri.us Filing Fee: \$50.00

By:

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID	Number <u>DLLC 104594</u>	Annual Report for the year 2000
1.	The name of the limited liability com	pany is:
	Quarry Hill Transportation, LLC	
2.	The address of the principal office of	f the limited liability company is:
	Unit 44 100 Bellows	st warwick RI 02888
3.	The state or other jurisdiction under	the laws of which it is formed is RHODE ISLAND
4.	The name and address of its residen	
	100 BELLOWS STREET, UNIT 44	
5.	The current mailing address of the li	mited liability company and the name or title of a person to whom communications
	may be directed are: Unit	44 100 Bellows 5+
	Warwick MI 028	88 John Hughes
6.		of the business in which the limited liability company is actually engaged in this
7.		anagers, the name and address of each manager of the limited liability company Address
Dat	ed <u>9-21-00</u> 1 0 4 5 9 4	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. **DUATTY HILL Transfortation 214** **Exact Name of Limited Liebility Company**
File I	OR SECRETARY OF STATE USE ONLY Date:	By Jh J. Huyh
Chec	k No.: 1047	Owner

Title

Form No. 632 Revised 01/99