



State of Rhode Island

Department of State - Business Services Division

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 Annual Report for the year: 2021
 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>531310</u>		4. Brief description of the character of business conducted in Rhode Island <u>Buying/Selling/Renting of Real Estate</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>4 Spruce 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 <u>Samuel Bliven Jr.</u>			
Street Address <u>50 Old Post Rd</u>		Street Address <u>50 Old Post Rd</u>			
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 Bliven Jr.</u>				Date <u>9/9/21</u>	
Signature of Authorized Person <u>Samuel A Bliven Jr.</u>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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 FORM 632 - Revised: 08/2020