



State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2020  
**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 <b>000117675</b>		2. Exact name of the Limited Liability Company <b>Quarry Hill Properties LLC</b>			
3. NAICS Code <b>531390</b>		4. Brief description of the character of business conducted in Rhode Island <b>Buying/selling and Rentals of Real Estate</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>4 Sprucey Dr</b>		City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Samuel Bliven Jr</b>		Contact Title <b>President</b>			
Street Address <b>Po Box 505</b>		City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Samuel Bliven Jr.</b>		Manager Name			
Street Address <b>50 Old Post Rd</b>		Street Address			
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>Samuel Bliven Jr.</b>				Date <b>9/9/21</b>	
Signature of Authorized Person <b>Samuel A Bliven Jr</b>					

**FILED**

**NOV 04 2021**

BY JF4952  
12:10

**MAIL TO:**  
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