



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2010

**1. ID No.** 000313428

**2. Exact Name of the Limited Liability Company** Commonwealth Scaffold, LLC

**3. State of Formation**

State: MA

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

The general character of the LLC shall initially be to engage in, transact, and carry on the business of performing any and all services associated with Scaffold; including, but not limited to erecting, dismantling, modifying, renting, transporting and storing of Scaffold equipment, general carpentry and any and all related construction. The LLC may also carry out any other lawful business, trade, purpose or activity.

**5. Principal Office Address**

No. and Street: 88 EASTERN AVENUE

City or Town: MALDEN

State: MA

Zip: 02148

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: PETER J. VOLPE Contact Title: MANAGER

No. and Street: 88 EASTERN AVENUE

City or Town: MALDEN

State: MA

Zip: 02148

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

**DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	PETER J. VOLPE	88 EASTERN AVENUE MALDEN, MA 02148 USA
MANAGER	LUKE MCKINNON	88 EASTERN AVENUE MALDEN, MA 02148 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 155 SOUTH MAIN STREET, SUITE 301 PROVIDENCE , RI 02903

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 9 Day of September, 2010 at 4:50:55 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By PETER J. VOLPE  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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