


STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 787923		2. Exact name of the limited liability company Commonwealth Building Systems, LLC			
3. State of Formation Massachusetts		4. Brief description of the character of business conducted in Rhode Island Roofing			
5. Principal office address 17 Rockview Way		City Rockland		State MA	Zip 02370
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michael A. Hillcoat		Contact Title Manager			
Street Address 17 Rockview Way		City Rockland		State MA	Zip 02370
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Michael A. Hillcoat		Manager Name Brian Medico			
Street Address 17 Rockview Way		Street Address 17 Rockview Way			
City Rockland	State MA	Zip 02370	City Rockland	State MA	Zip 02370
Manager Name Daniel J. Hulverson		Manager Name Andrew R. Blain			
Street Address 17 Rockview Way		Street Address 17 Rockview Way			
City Rockland	State MA	Zip 02370	City Rockland	State MA	Zip 02370
8. RESIDENT AGENT IN RHODE ISLAND					
This Information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

AUG 23 2017

BY

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

Date

Michael A. Hillcoat, Principal
Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY