



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 SECRETARY OF  
 CORPORATIONS  
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**Annual Report for the year: 2017**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>001481137</b>		2. Exact name of the Corporation <b>Commonwealth Sciences, Inc.</b>			
3. Principal Office Address <b>11 Walpole Street</b>			City <b>Norwood</b>	State <b>MA</b>	Zip <b>02062</b>
4. NAICS Code <b>541990</b>		6. Brief description of the character of business conducted in Rhode Island <b>Recruiting / Staffing Services</b>			
5. State of Incorporation <b>Massachusetts</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Richard Hennessey</b>			Vice-President Name <b>same</b>		
Street Address <b>11 Walpole Street</b>			Street Address		
City <b>Norwood</b>	State <b>MA</b>	Zip <b>02062</b>	City	State	Zip
Secretary Name <b>same</b>			Treasurer Name <b>same</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Richard Hennessey</b>			Director Name		
Street Address <b>11 Walpole Street</b>			Street Address		
City <b>Norwood</b>	State <b>MA</b>	Zip <b>02062</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>13,750</b>		<b>CNP</b>	<b>0.00</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative <b>Richard Hennessey</b>				Date <b>02/26/2018</b>	
Signature of Authorized Representative 				<b>FILED</b> <b>MAR 01 2018</b> <b>V.L. 325/158</b> <b>11:11</b>	

MAIL TO:  
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