



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 2019**

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. <b>787923</b>		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 (238160)	
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)			
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 08 2019 *KM*  
 BY 57182

Filing Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

*Michael A. Hillcoat* 7/31/19  
 Signature of Authorized Person Date

*Michael A. Hillcoat*  
 Print or Type Name of Authorized Person