



State of Rhode Island

Department of State - Business Services Division

MAY 11 2023

0717262

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entry ID Number 000790466		2. Exact name of the Corporation Colantonio, Inc.				
3. Principal Office Address 16 Everett Street			City Holliston	State MA	Zip 01746	
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Commercial construction and construction management				
5. State of Incorporation Massachusetts						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name George W. Wilwerth			Vice-President Name Christopher J. Powers			
Street Address 16 Everett Street			Street Address 4 Erin Way			
City Holliston	State MA	Zip 01746	City Holden	State MA	Zip 01520	
Secretary Name Francis Colantonio			Treasurer Name Francis Colantonio			
Street Address 16 Everett Street			Street Address 16 Everett Street			
City Holliston	State MA	Zip 01746	City Holliston	State MA	Zip 01746	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name Francis Colantonio			Director Name			
Street Address 16 Everett Street			Street Address			
City Holliston	State MA	Zip 01746	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Issued				Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		15,000		CNP	\$0.0000	
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 Francis Colantonio					Date 04/28/2023	
Signature of Authorized Representative 						

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov