



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

2024
FEB 26 10:02:13
BOS BSD

1. Entity 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 02/26/2024		
Signature of Authorized Representative					

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 05 2024

BY ML 075760

FORM 630 - Revised: 2/2023