



State of Rhode Island

Department of State - Business Services Division

FILED

MAR 26 2025

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

Cdn

BY 079295

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 ☐			
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	City Holden	State MA
Zip 01746		Zip 01520	
Secretary Name Francis Colantonio		Treasurer Name Francis Colantonio	
Street Address 16 Everett Street		Street Address 16 Everett Street	
City Holliston	State MA	City Holliston	State MA
Zip 01746		Zip 01746	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name Francis Colantonio		Director Name	
Street Address 16 Everett Street		Street Address	
City Holliston	State MA	City	State
Zip 01746		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/REFS	
		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 03/07/2025
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

FORM 630 - Revised, 2/2023