



State of Rhode Island

Department of State - Business Services Division

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.

REC'D RIDOS BSD
25 APR 14 AM 10:29:09

1. Entity ID Number 1668421		2. Exact name of the Corporation NORTHEAST MECHANICAL SOLUTIONS, INC			
3. Principal Office Address 12 COMMERCE ROAD			City Shrewbury	State MA	Zip 01545
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island HVAC Sheet metal Installations			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Colangelo			Vice-President Name Robert Colangelo		
Street Address 71 Bay View Dr			Street Address 71 Bay View Dr		
City Shrewbury	State MA	Zip 01545	City Shrewbury	State MA	Zip 01545
Secretary Name Robert Colangelo			Treasurer Name Robert Colangelo		
Street Address 71 Bay View Dr			Street Address 71 Bay View Dr		
City Shrewbury	State MA	Zip 01545	City Shrewbury	State MA	Zip 01545
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert Colangelo			Director Name		
Street Address 71 Bay View Dr			Street Address		
City Shrewbury	State MA	Zip 01545	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	0
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 Robert Colangelo					Date 2/25/25
Signature of Authorized Representative 					

FILED

APR 14 2025
BY 8670
AA.

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