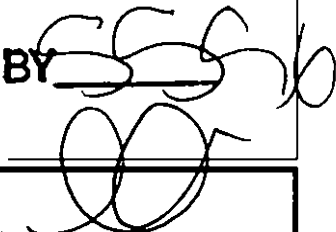


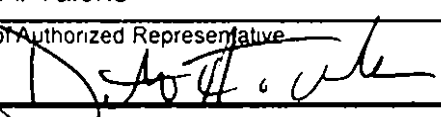


State of Rhode Island  
Department of State - Business Services Division

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.

**FILED**  
FEB 23 2024  
BY 

|   |                    |   |  |                    |                       |
|---|--------------------|---|--|--------------------|-----------------------|
| 1. Entity ID Number<br><b>69216</b>   |                    | 2. Exact name of the Corporation<br><b>Talone Construction and General Contracting, Inc.</b>                          |  |                    |                       |
| 3. Principal Office Address<br><b>220 Westcott Road</b>   |                    | City<br><b>Scituate</b>   |  | State<br><b>RI</b> | Zip<br><b>02857</b>   |
| 4. NAICS Code<br><b>236118</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>General Contractor</b>              |  |                    |                       |
| 5. State of Incorporation<br><b>Rhode Island</b>  |                    |   |  |                    |                       |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |  |                    |                       |
| President Name<br><b>Donato A. Talone</b>   |                    |   | Vice-President Name<br><b>Donato A. Talone</b> |                    |                       |
| Street Address<br><b>220 Westcott Road</b>  |                    |   | Street Address<br><b>220 Westcott Road</b>     |                    |                       |
| City<br><b>Scituate</b>   | State<br><b>RI</b> | Zip<br><b>02857</b>   | City<br><b>Scituate</b>                        | State<br><b>RI</b> | Zip<br><b>02857</b>   |
| Secretary Name  |                    |   | Treasurer Name                                 |                    |                       |
| Street Address  |                    |   | Street Address                                 |                    |                       |
| City  | State              | Zip   | City   | State              | Zip                   |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |  |                    |                       |
| Director Name   |                    |   | Director Name                                  |                    |                       |
| Street Address  |                    |   | Street Address                                 |                    |                       |
| City  | State              | Zip   | City   | State              | Zip                   |
| Director Name   |                    |   | Director Name                                  |                    |                       |
| Street Address  |                    |   | Street Address                                 |                    |                       |
| City  | State              | Zip   | City   | State              | Zip                   |
| 9. Shares Authorized  |                    | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |  |                    |                       |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                    | NUMBER OF SHARES  |  | CLASS/SERIES       | PAR VALUE             |
|   |                    | <b>1000</b>   |  | <b>Common</b>      | <b>None</b>           |
| 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<br><b>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.</b> |                    |   |  |                    |                       |
| Name of Authorized Representative<br><b>Donato A. Talone</b>  |                    |   |  |                    | Date<br><b>1/3/24</b> |
| Signature of Authorized Representative<br>   |                    |   |  |                    |                       |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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