



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

AMENDED

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |             |                                                     |                                                                     |              |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------|---------------------------------------------------------------------|--------------|--------------|
| 1. Corporate ID No.<br>4067                                                                                                                                |             | 2. Name of Corporation<br>Chelo's Steak House, Inc. |                                                                     |              |              |
| 3. Street Address Principal Business Office<br>1725 Mendon Road                                                                                            |             |                                                     | City<br>Cumberland                                                  | State<br>RI  | Zip<br>02864 |
| 4. Business Phone No.<br>312-6500                                                                                                                          |             | 5. State of Incorporation<br>Rhode Island           |                                                                     |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Owning and operating a restaurant and any other lawful purpose              |             |                                                     |                                                                     |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                     |                                                                     |              |              |
| President Name<br>Glenn Chelo                                                                                                                              |             |                                                     | Vice President Name<br>Craig Chelo                                  |              |              |
| Street Address<br>5 Stoneridge Drive                                                                                                                       |             |                                                     | Street Address<br>8 Burlingame Road                                 |              |              |
| City<br>North Smithfield                                                                                                                                   | State<br>RI | Zip<br>02896                                        | City<br>Smithfield                                                  | State<br>RI  | Zip<br>02917 |
| Secretary Name<br>Randy Chelo                                                                                                                              |             |                                                     | Treasurer Name<br>Gary Chelo                                        |              |              |
| Street Address<br>628 Snake Hill Road                                                                                                                      |             |                                                     | Street Address<br>289 Robin Hollow Road                             |              |              |
| City<br>Scituate                                                                                                                                           | State<br>RI | Zip<br>02857                                        | City<br>West Greenwich                                              | State<br>RI  | Zip<br>02817 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                     |                                                                     |              |              |
| 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |              |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |             |                                                     | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |              |              |
|                                                                                                                                                            |             |                                                     | Number of Shares                                                    | Class/Series | Par Value    |
|                                                                                                                                                            |             |                                                     | 300                                                                 | Common       | no par value |

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.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

FILED  
JUN 07 2011  
By DS  
10:18

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.

Signature \_\_\_\_\_ Date 6/2/11  
Glenn Chelo  
Print or Type Name  
President  
Title



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

*Secretary of State*

