



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. 114831	2. Name of Corporation Chelo's of Newport Avenue, Inc.
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3. Street Address Principal Business Office 1725 Mendon Road	City Cumberland	State RI	Zip 02864
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4. Business Phone No. 312-6500	5. State of Incorporation Rhode Island
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6. Brief Description of the Character of Business Conducted in Rhode Island
Owning and operating a restaurant

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Glenn Chelo			Vice President Name Craig Chelo		
Street Address 5 Stoneridge Drive			Street Address 8 Burlingame Road		
City North Smithfield	State RI	Zip 02896	City Smithfield	State RI	Zip 02917

Secretary Name Randy Chelo			Treasurer Name Gary Chelo		
Street Address 628 Snake Hill Road			Street Address 289 Robin Hollow Road		
City Scituate	State RI	Zip 02857	City West Greenwich	State RI	Zip 02817

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 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

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value
100	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.

FILED

File Date **MAR 02 2012**

Check No. **By *mmc***

By: **38197**

FOR SECRETARY OF STATE USE ONLY

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] 1/24/12

Signature _____ Date _____

Glenn Chelo

Print or Type Name _____

President

Title _____