



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: **2018**  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED** *ST. A. H. 10*  
FEB 26 2018 *en*

BY 1280

1. Entity ID Number <b>000753566</b>		2. Exact name of the Corporation <b>JAMES CHELO REAL ESTATE, INC.</b>			
3. Principal Office Address <b>C/O 628 SNAKE HILL ROAD</b>		City <b>NORTH SCITUATE</b>		State <b>RI</b>	Zip <b>02857</b>
4. NAICS Code <b>53 1110</b>	6. Brief description of the character of business conducted in Rhode Island <b>RENTAL MANAGEMENT</b>				
5. State of Incorporation <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 <b>JAMES CHELO</b>			Vice-President Name <b>JAMES CHELO</b>		
Street Address <b>P.O. BOX 246</b>			Street Address <b>P.O. BOX 246</b>		
City <b>ALBION</b>	State <b>RI</b>	Zip <b>02802</b>	City <b>ALBION</b>	State <b>RI</b>	Zip <b>02802</b>
Secretary Name <b>JAMES CHELO</b>			Treasurer Name <b>JAMES CHELO</b>		
Street Address <b>P.O. BOX 246</b>			Street Address <b>P.O. BOX 246</b>		
City <b>ALBION</b>	State <b>RI</b>	Zip <b>02802</b>	City <b>ALBION</b>	State <b>RI</b>	Zip <b>02802</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JAMES CHELO</b>			Director Name		
Street Address <b>P.O. BOX 246</b>			Street Address		
City <b>ALBION</b>	State <b>RI</b>	Zip <b>02802</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 NO PAR VALUE		
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. <i>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.</i>					
Name of Authorized Representative <i>James Chelo</i>				Date <i>Feb 23, 2018</i>	
Signature of Authorized Representative <i>James Chelo</i>				SIGN DOCUMENT HERE	