



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 87918 87917 2. Name of Corporation Chelo's of East Providence, Inc.
3. Street Address Principal Business Office 1725 Mendon Road City Cumberland State RI Zip 02864
4. Business Phone No. 312-6500 5. State of Incorporation Rhode Island 6. SIC Code 3079

7. Brief Description of the Character of Business Conducted in Rhode Island
Owning and operating a restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>Glenn Chelo</u>	Vice President Name <u>Craig Chelo</u>
Street Address <u>Stoneridge Drive</u>	Street Address <u>8 Burlingame Road</u>
City <u>No. Smithfield</u> State <u>RI</u> Zip <u>02896</u>	City <u>Smithfield</u> State <u>RI</u> Zip <u>02917</u>
Secretary Name <u>Randy Chelo</u>	Treasurer Name <u>Gary J. Chelo</u>
Street Address <u>628 Snake Hill Road</u>	Street Address <u>289 Robin Hollow Road</u> 48x Captain John White Lane
City <u>Scituate</u> State <u>RI</u> Zip <u>02857</u>	City <u>West Greenwich</u> State <u>RI</u> Zip <u>02817</u> Kingstown

9. 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	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
<u>1,000</u>		<u>no par value</u>

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
<u>100</u>		<u>no par</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date: MAR 01 2005 10008

Check No.: _____
By: lp

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]
Signature of Officer _____ Date _____

Glenn Chelo, President
Print or Type Name of Officer _____

Title of Officer _____



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 87917		2. Name of Corporation CHELO'S OF EAST PROVIDENCE, INC.			
3. Street Address Principal Business Office 1725 Mendon Road			City Cumberland	State RI	Zip 02864
4. Business Phone No. 312-6500		5. State of Incorporation RHODE ISLAND		6. SIC Code 3029	
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, HOLD, RENT, CONTROL, LEASE, OPERATE, CONDUCT AND ENGAGE IN THE RESTAURANT BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James Chelo			Vice President Name Glenn Chelo		
Street Address 20A Pond Ct.			Street Address 5 Stoneridge Drive		
City No. Prov.	State RI	Zip 02904	City No. Smithfield	State RI	Zip 02896
Secretary Name Craig Chelo			Treasurer Name Gary Chelo		
Street Address 8 Burlingame Road			Street Address 45 Captain John Whitman Lane		
City Smithfield	State RI	Zip 02917	City No. Kingstown	State RI	Zip 02852
9. 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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			100		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 7 9 1 7 *

File Date 2-9-04
Check No. 5348
By: CP

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.

Glenn Chelo 1/27/04
Signature of Officer Date
Glenn Chelo
Print or Type Name of Officer
Vice President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **87917** 2. Name of Corporation **CHELO'S OF EAST PROVIDENCE, INC.**
3. Street Address Principal Business Office **1725 Mendon Road** City **Cumberland** State **RI** Zip **02864**
4. Business Phone No. **312-6500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island
Owning and operating a restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
James Chelo			Glenn Chelo		
Street Address			Street Address		
20A Pond Ct.			5 Stoneridge Drive		
City	State	Zip	City	State	Zip
No. Prov.	RI	02904	No. Smithfield	RI	02896
Secretary Name			Treasurer Name		
Craig Chelo			Gary Chelo		
Street Address			Street Address		
8 Burlingame Road			45 Captain John Whitman Lane		
City	State	Zip	City	State	Zip
Smithfield	RI	02917	No. Kingstown	RI	02852

9. 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

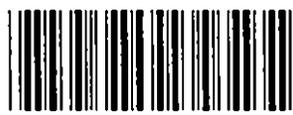
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 7 9 1 7 *

File Date: 2/20/03
Check No.: 4018
By: [Signature]

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 of Officer: [Signature] Date: V. PRESIDENT
Print or Type Name of Officer: Glenn Chelo
Title of Officer: Vice President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87917** 2. Name of Corporation **CHELO'S OF EAST PROVIDENCE, INC.**

3. Street Address Principal Business Office **911 Warren Avenue** City **East Providence** State **RI** Zip **02914**

4. Business Phone No. **434-3666** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island
Restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **James Chelo**
Street Address **20A Pond Ct.**
City **No. Providence** State **RI** Zip **02904**

Vice President Name **Glenn Chelo**
Street Address **5 Stoneridge Drive**
City **No. Smithfield** State **RI** Zip **02897**

Secretary Name **Craig Chelo**
Street Address **1725 Mendon Road**
City **Cumberland** State **RI** Zip **02864**

Treasurer Name **Gary Chelo**
Street Address **45 Captain John Whitman Lane**
City **No. Kingstown** State **RI** Zip **02852**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **James Chelo**
Street Address **Same as above**
City _____ State _____ Zip _____

Director Name **Gary Chelo**
Street Address **Same as above**
City _____ State _____ Zip _____

Director Name _____
Street Address _____
City _____ State _____ Zip _____

Director Name _____
Street Address _____
City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 7 9 1 7 *

File Date: 2-11-02
Check No: 6137
By: [Signature]

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 of Officer [Signature] Date 2/13/02
Print or Type Name of Officer **Glenn Chelo**
Vice President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87917** 2. Name of Corporation **CHELO'S OF EAST PROVIDENCE, INC.**
3. Street Address Principal Business Office **911 Warren Avenue** City **East Providence** State **RI** Zip **02914**
4. Business Phone No. **434-3666** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island

Restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Jay Chelo Street Address 1725 Mendon Road City Cumberland State RI Zip 02884	Vice President Name Daryl Chelo Street Address 43 Westwood Road City Lincoln State RI Zip 02865
Secretary Name Pamela K. Chelo Street Address 43 Westwood Road City Lincoln State RI Zip 02865	Treasurer Name Gary J. Chelo Street Address 45 Captain John Whitman Lane City No. Kingstown State RI Zip 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Jay Chelo Street Address Same as above City _____ State _____ Zip _____	Director Name Daryl Chelo Street Address Same as above City _____ State _____ Zip _____
Director Name Pamela K. Chelo Street Address Same as above City _____ State _____ Zip _____	Director Name Gary J. Chelo Street Address Same as above City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000 SHS COMM NO PAR VAL		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1,000		no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



* 8 7 9 1 7 *

2/27

File Date: _____

Check No.: **4933**

By: **[Signature]**

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]
Signature of Officer _____ Date _____

Jay Chelo
Print or Type Name of Officer _____

President
Title of Officer _____



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87917** 2. Name of Corporation **CHELO'S OF EAST PROVIDENCE, INC.**
3. Street Address Principal Business Office **911 Warren Avenue** City **East Providence** State **RI** Zip **02914**
4. Business Phone No. **434-3666** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**
7. Brief Description of the Character of Business Conducted in Rhode Island
Restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Jay Chelo	Vice President Name Daryl Chelo
Street Address 2225 Post Road	Street Address 43 Westwood Road
City Warwick State RI Zip 02886	City Lincoln State RI Zip 02865
Secretary Name Pamela K. Chelo	Treasurer Name Gary J. Chelo
Street Address 43 Westwood Road	Street Address 45 Captain John Whitman Lane
City Lincoln State RI Zip 02865	City No. Kingstown State RI Zip 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Jay Chelo	Director Name Daryl Chelo
Street Address Same as above	Street Address Same as above
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Director Name Pamela K. Chelo	Director Name Gary J. Chelo
Street Address Same as above	Street Address Same as above
City _____ State _____ Zip _____	City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000 SHS COMM NO PAR VAL		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1,000		no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 7 9 1 7 *

File Date: 2/29/00
Check No.: 5556
By: [Signature]

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]
Signature of Officer _____ Date _____
Jay Chelo
Print or Type Name of Officer _____
President
Title of Officer _____



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 87917
2. Name of Corporation CHELO'S OF EAST PROVIDENCE, INC.
3. Street Address Principal Business Office 911 WARREN AVE.
4. Business Phone No. 401-434-3666
5. State of Incorporation RI
City EAST PROVIDENCE State RI Zip 02914
6. SIC Code 3079

7. Brief Description of the Character of Business Conducted in Rhode Island
RESTAURANT

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name			Vice President Name		
JAY H. CHELO			DARYL W. CHELO		
Street Address			Street Address		
2221 POST RD.			43 WESTWOOD RD.		
City	State	Zip	City	State	Zip
WARWICK	RI	02886	LINCOLN	RI	02865
Secretary Name			Treasurer Name		
PAMELA K. CHELO			GARY J. CHELO		
Street Address			Street Address		
43 WESTWOOD RD.			45 CAPTAIN JOHN WHITMAN LANE		
City	State	Zip	City	State	Zip
LINCOLN	RI	02865	NO. KINGSTOWN	RI	02852

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name			Director Name		
JAY H. CHELO			DARYL W. CHELO		
Street Address			Street Address		
SAME AS ABOVE			SAME AS ABOVE		
City	State	Zip	City	State	Zip
Director Name			Director Name		
PAMELA K. CHELO			GARY J. CHELO		
Street Address			Street Address		
SAME AS ABOVE			SAME AS ABOVE		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

PAID
File Date: JAN 28 1999 *KID 4142*
Check No.: _____
By: _____
SECY OF STATE
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.
Jay Chelo
Signature of Officer _____ Date _____
JAY CHELO
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 87917 2. Name of Corporation Chelo's of East Providence, Inc.
3. Street Address Principal Business Office 911 Warren Avenue City East Providence State RI Zip 02914
4. Business Phone No. 401-434-3666 5. State of Incorporation RI 6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island Restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

<i>President Name</i>			<i>Vice President Name</i>		
Jay H. Chelo			Daryl W. Chelo		
<i>Street Address</i>			<i>Street Address</i>		
2221 Post Rd.			43 Westwood Rd.		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Warwick	RI	02886	Lincoln	RI	02865
<i>Secretary Name</i>			<i>Treasurer Name</i>		
Pamela K. Chelo			Gary J. Chelo		
<i>Street Address</i>			<i>Street Address</i>		
43 Westwood Rd.			45 Captain John Whitman Lane		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Lincoln	RI	02865	No. Kingstown	RI	02852

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

<i>Director Name</i>			<i>Director Name</i>		
Jay H. Chelo			Daryl W. Chelo		
<i>Street Address</i>			<i>Street Address</i>		
2221 Post Rd.			43 Westwood Rd.		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Warwick	RI	02886	Lincoln	RI	02865
<i>Director Name</i>			<i>Director Name</i>		
Pamela K. Chelo			Gary Chelo		
<i>Street Address</i>			<i>Street Address</i>		
43 Westwood Rd.			45 Captain John Whitman Lane		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Lincoln	RI	02865	No. Kingstown	RI	02852

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1000.	SHS Comm No Par Val	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 3.2.98
Check No.: 3039
By: [Signature]

[Signature] Date: 3-27-98
Jay Chelo
President



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87917** 2. Name of Corporation **CHELO'S OF EAST PROVIDENCE, INC.**
3. Street Address Principal Business Office **911 Warren Avenue** City **East Providence** State **RI** Zip **02914**
4. Business Phone No. **434-3666** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
To own, hold, rent, control, lease, operate, conduct and engage in the restaurant business.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Jay H. Chelo	Vice President Name Daryl W. Chelo
Street Address 2221 Post Road	Street Address 43 West Wood Drive
City Warwick State RI Zip 02886	City Lincoln State RI Zip 02865
Secretary Name Pamela K. Chelo	Treasurer Name Gary J. Chelo
Street Address 2525 Mendon Road	Street Address 45 Capt. John Wightman Lane
City Cumberland State RI Zip 02864	City North Kingstown State RI Zip 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Jay H. Chelo	Director Name Daryl W. Chelo
Street Address 2221 Post Road	Street Address 43 West Wood Drive
City Warwick State RI Zip 02886	City Lincoln State RI Zip 02865
Director Name Pamela K. Chelo	Director Name Gary J. Chelo
Street Address 2525 Mendon Road	Street Address 45 Capt. John Wightman Lane
City Cumberland State RI Zip 02864	City North Kingstown State RI Zip 02852

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS	COMM	NO PAR VAL	100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 10/14/97
Check No.: 158279
By: KID

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.

Jay Chelo
Signature of Officer Date
Jay Chelo
Print or Type Name of Officer
President
Title of Officer