State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2019

Corporation

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

1. Entity ID Number	2. Exact name of the Corporation		
000753566	JAMES CHELO REAL ESTATE, INC.		
3. Principal Office Address	City	State	Zip
C/O 628 SNAKE HILL ROAD	NORTH SCITUATE	RI	02857
4. NAICS Code: 53 1110	6. Brief description of the character of business conducted in Rhode Island: RENTAL MANAGEMENT		
5. State of Incorporation: RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
JAMES CHELO	P.O. BOX 246	ALBION	RI	02802

Vice-President Name	Street Address	City	State	Zip
JAMES CHELO	P.O. BOX 246	ALBION	RI	02802

Secretary Name	Street Address	City	State	Zip
JAMES CHELO	P.O. BOX 246	ALBION	RI	02802

Treasurer Name	Street Address	City	State	Zip
JAMES CHELO	P.O. BOX 246	ALBION	RI	02802

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
JAMES CHELO	P.O. BOX 246	ALBION	RI	02802

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

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.

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.

Name of Authorized Representative	Date
JAMES CHELO	01/18/2019

Signature of Authorized Representative

FILED

FEB 01 2019

BY 1339 DS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017