



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation

2019

STAMP

→ 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 000753566		2. Exact name of the Corporation JAMES CHELO REAL ESTATE, INC.					
3. Principal Office Address C/O 628 SNAKE HILL ROAD		City NORTH SCITUATE		State RI	Zip 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 <input type="checkbox"/>							
President Name JAMES CHELO			Vice-President Name JAMES CHELO				
Street Address P.O. BOX 246			Street Address P.O. BOX 246				
City ALBION	State RI	Zip 02802	City ALBION	State RI	Zip 02802		
Secretary Name JAMES CHELO			Treasurer Name JAMES CHELO				
Street Address P.O. BOX 246			Street Address P.O. BOX 246				
City ALBION	State RI	Zip 02802	City ALBION	State RI	Zip 02802		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name JAMES CHELO			Director Name				
Street Address P.O. BOX 246			Street Address				
City ALBION	State RI	Zip 02802	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>							
This information is currently of record in the Department of State. Changes require an additional filing.			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 JAMES CHELO					Date 01/18/2019		
Signature of Authorized Representative							

FILED

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

FEB 01 2019

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