State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2020
Corporation	2020

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

FILED

FEB 0 3 2020 0

→ Penalty: Additional \$25.	00 tee it form is r	not filed by April 1.		yr		· · · · · · · · · · · · · · · · · · ·		
Entity ID Number	2. Exact na	2. Exact name of the Corporation						
000753566	JAMES CI	JAMES CHELO REAL ESTATE, INC.						
Principal Office Address			City		State	Zip		
C/O KAREN CHELO 628 SNAKE HILL ROAD			NORTH SC	ITUATE	RI	02857		
4. NAICS Code		Brief description of the character of business conducted in Rhode Island						
53	RENTAL 1	MANAGEMENT						
5. State of Incorporation								
RHODE ISLAND								
7. List ALL officers (names and	d addresses)			Ĉ	heck the box to indi	cate an attachment		
President Name			Vice-President Name					
JAMES CHELO			JAMES CH	JAMES CHELO				
Street Address			Street Address					
P.O. BOX 246			P.O. BOX	P.O. BOX 246				
City	State	Zip	Čity		State	Zıp		
ALBION	RI	02802	ALBION		RI	02802		
Secretary Name		Treasurer Name						
JAMES CHELO			JAMES CH	JAMES CHELO				
Street Address			Street Address					
P.O. BOX 246		·		P.O. BOX 246				
City	State	Zip	City		State RI	Zip 02802		
ALBION	RI	02802	ALBION			cate an attachment		
List ALL directors (names au Director Name	nd addresses)		Director Name		neck the box to into	Cate all attachment		
JAMES CHELO			Director (4airie					
Street Address			Street Address	- 				
P.O. BOX 246								
City	State	Zip	City		State	Zıp		
ALBION	RI	02802						
Director Name	-	<u> </u>	Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
9 Shares Authorized		10. Shares Is			heck the box to Indi Series	cate an attachment PAR VALUE		
This information is currently of Department of State.	record in the	NOW 8 F R 1	OF SHARES	CLASS	JOENIES	-An Intive		
Department of State.			100			NO PAR VALUE		
Changes require an additional f	iling.				-			
11. This report must be execut					corporation is in the	hands of a receiver or		
trustee, this report must be ex-	ecuted on behalf	of the corporation by	the receiver or tr	ustee.		adular and		
Under penalty of perjury, I d	eclare and affirm	i that i nave examil	nea this report, i	nciuding any a	ccompanying scn	edules and		
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date	Date		
tame or rainoneed representative								
JAMES CHELO					1/16/20	1/16/2020		
Signature of Authorized Repre	esentative		<u> </u>	_				
Xam	40hra	· J R						
	11.1.2040	ノダヽ						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ni.gov

FORM 630 - Revised: 10/2017