RI SOS Filing Number: 202193327960 Date: 2/26/2021 4:00:00 PM State of Rhode Island and Providence Plantations **Department of State - Business Services Division** FILED Annual Report for the year: 2020 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 KAREN CHELO 628 SNAKE HILL ROAD NORTH SCITUATE RI 02857 4. NAICS Code Brief description of the character of business conducted in Rhode Island RENTAL MANAGEMENT 531120 5. State of Incorporation RHODE ISLAND List ALL officers (names and addresses) Check the box to indicate an attachment President Name Vice-President Name JAMES CHELO JAMES CHELO Street Address Street Address P.O. BOX 246 P.O. BOX 246 City State City Zip State Zip ALBION RI 02802 ALBION RI 02802 Secretary Name Treasurer Name JAMES CHELO JAMES CHELO Street Address Street Address P.O. BOX 246 P.O. BOX 246 City State Zip City State Zip ALBION RI 02802 ALBION RI 02802 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Director Name JAMES CHELO Street Address Street Address P.O. BOX 246 City State Zip City State Zip ALBION RI 02802 Director Name Director Name Street Address Street Address City State City State Zip 9. Shares Authorized 10. Shares issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES CLASS/SERIES Department of State. 100 Changes require an additional filing. 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

MAIL TO:

Division of Business Services

Signature of Authorized Representative

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

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

JAMES CHELO

1/16/2020