RI SOS Filing Number: 202447439850 Date: 2/26/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
FEB 26 2024
BY 41764

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

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	6. Brief description of the character of business conducted in Rhode Island
531120	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	PO BOX 246	ALBION	RI	02802

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

Secretary Name	Street Address	City	State	Zip
JAMES CHELO	PO BOX 246	ALBION	RI	02802

Treasurer Name	Street Address	City	State	Zip
JAMES CHELO	PO 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	PO BOX 246	ALBION	RI	02802

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100		NO PAR VALUE
Changes require an additional filing.			

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	Feb 22, 2024

Signature of Authorized Representative
Karen J. Chelo POA for James Chelo

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 12/2022