



State of Rhode Island
Department of State - Business Services Division

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.

FILED

FEB 26 2024

BY

241764

1. Entity ID Number 000753566		2. Exact name of the Corporation JAMES CHELO REAL ESTATE, INC.			
3. Principal Office Address c/o Karen Chelo 628 Snake Hill Road		City NORTH SCITUATE		State RI	Zip 02857
4. NAICS Code 531120		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 JAMES CHELO			Vice-President Name JAMES CHELO		
Street Address PO BOX 246			Street Address PO BOX 246		
City ALBION	State RI	Zip 02802	City ALBION	State RI	Zip 02802
Secretary Name JAMES CHELO			Treasurer Name JAMES CHELO		
Street Address PO BOX 246			Street Address PO 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 ☐					
Director Name JAMES CHELO			Director Name		
Street Address PO 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					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment ☐		
Changes require an additional filing.			NUMBER OF SHARES		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 Feb 20, 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 12-2013