



State of Rhode Island
Department of State - Business Services Division

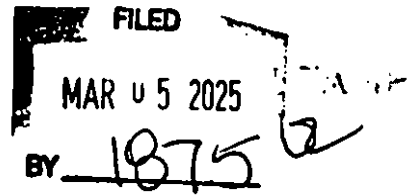
Annual Report for the year: 2025

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 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 KAREN CHELO			Vice-President Name KAREN CHELO											
Street Address 628 SNAKE HILL ROAD			Street Address 628 SNAKE HILL ROAD											
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857									
Secretary Name KAREN CHELO			Treasurer Name KAREN CHELO											
Street Address 628 SNAKE HILL ROAD			Street Address 628 SNAKE HILL ROAD											
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name KAREN CHELO			Director Name											
Street Address 628 SNAKE HILL ROAD			Street Address											
City NORTH SCITUATE	State RI	Zip 02857	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 ☐											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE						
			NUMBER OF SHARES	CLASS/SERIES	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 KAREN CHELO				Date 3/5/2025										
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov