State of Rhode Island
Department of State - Business Services Division

FILED
MAR 05 2025
BY 1875

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	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
KAREN CHELO	628 SNAKE HILL ROAD	NORTH SCITUATE	RI	02857

Vice-President Name	Street Address	City	State	Zip
KAREN CHELO	628 SNAKE HILL ROAD	NORTH SCITUATE	RI	02857

Secretary Name	Street Address	City	State	Zip
KAREN CHELO	628 SNAKE HILL ROAD	NORTH SCITUATE	RI	02857

Treasurer Name	Street Address	City	State	Zip
KAREN CHELO	628 SNAKE HILL ROAD	NORTH SCITUATE	RI	02857

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
KAREN CHELO	628 SNAKE HILL ROAD	NORTH SCITUATE	RI	02857
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	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
KAREN CHELO	3/5/2025

Signature of Authorized Representative
Karen Chelo

MAIL TO:
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Website: www.sos.ri.gov