



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.

FILED

MAY 30 2025

BY

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REC'D RI SOS BSD
25 MAY 30 PM 12:05:48

1. Entity ID Number 000069695		2. Exact name of the Corporation Mello Properties, Inc.			
3. Principal Office Address 272 West Exchange Street, Suite 001			City Providence	State RI	Zip 02903
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island To own, operate and rent any real estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Valerio Mello			Vice-President Name Carlos Mello		
Street Address 34 Murphy Drive			Street Address 42 Meadow Drive		
City Cumberland	State RI	Zip 02864	City Camden	State ME	Zip 04843
Secretary Name Anthony Mello			Treasurer Name Carlos Mello		
Street Address 129 Ferry Landing Circle			Street Address 42 Meadow Drive		
City Portsmouth	State RI	Zip 02864	City Camden	State ME	Zip 04843
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Valerio Mello			Director Name Carlos Mello		
Street Address 34 Murphy Drive			Street Address 42 Meadow Drive		
City Cumberland	State RI	Zip 02864	City Camden	State ME	Zip 04843
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES CWP	PAR VALUE \$1.0000
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 Valerio Mello				Date 4/29/25	
Signature of Authorized Representative <i>Valerio Mello</i>					

MAIL TO:

Division of Business Services

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

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