State of Rhode Island
Department of State - Business Services Division

FILED
MAY 30 2025
BY 20325

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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
000069695	Mello Properties, Inc.

3. Principal Office Address	City	State	Zip
272 West Exchange Street, Suite 001	Providence	RI	02903

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	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	Street Address	City	State	Zip
Valerio Mello	34 Murphy Drive	Cumberland	RI	02864

Vice-President Name	Street Address	City	State	Zip
Carlos Mello	42 Meadow Drive	Camden	ME	04843

Secretary Name	Street Address	City	State	Zip
Anthony Mello	129 Ferry Landing Circle	Portsmouth	RI	02864

Treasurer Name	Street Address	City	State	Zip
Carlos Mello	42 Meadow Drive	Camden	ME	04843

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

Director Name	Street Address	City	State	Zip
Valerio Mello	34 Murphy Drive	Cumberland	RI	02864

Director Name	Street Address	City	State	Zip
Carlos Mello	42 Meadow Drive	Camden	ME	04843

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. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	CWP	$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	Date
Valerio Mello	4/29/25

Signature of Authorized Representative: Valerio Mello

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: 12/2023