



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 28506		2. Exact name of the Corporation THE CHACE FUND, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island RECEIVING AND MAKING CHARITABLE CONTRIBUTIONS			
5. Principal office address 46 ABORN STREET, 4TH FLOOR		City PROVIDENCE		State RI	Zip 02903
6. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name ELIZABETH Z. CHACE			Vice-President Name ARNOLD B. CHACE, JR.		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
Secretary Name ARNOLD B. CHACE, JR.			Treasurer Name LINDA DE ANGELIS		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name ELIZABETH Z. CHACE			Director Name ARNOLD B. CHACE, JR.		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
Director Name JOHNNIE C. CHACE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Signature of Officer or Authorized Representative

6/9/2014

Date

LINDA DE ANGELIS

Print or Type Name of Officer or Authorized Representative