

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

Entity ID No.		2. Exact name of the limited liability company							
638747	Chace T	Chace Trucking, LLC							
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island							
RI		Transportation services							
5. Principal office address 110 Carpenter Street			City Foster	State RI	Zip 02825				
	LIMITED LIABILI	TÝ COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:					
Contact Name Evan T. Chace			Contact Title Member						
Street Address 110 Carpenter Street			City Foster	State RI	Zip 02825				
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPAN	Y, IF APPLICABLE - DO	NOT LIST MEMBERS				
anager Name			Manager Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
nager Name			Manager Name						
_		Street Address			Street Address				
Street Address			Street Address						
Street Address	State	Zip	Street Address City	State	Zip				
City B. RESIDENT AGENT IN R	HODE ISLAND G	John Gaz		Centreville	'				

File Date			Under penalty of perjury, I declare and affirm the this report, including any accompanying sched and that all statements contained herein are true.	lules and statements,
Check No	RV	352	Signature of Authorized Person	10 - 13-15 Date
FOR SECRETARY OF STATE USE ONLY	VI		Evan T. Chace	
			Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012