



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 763		2. Exact name of the Corporation Chase Construction, Co.			
3. Principal office address 154 Anthony Road		City Portsmouth	State RI	Zip 02871	
4. Business Phone No. 401-640-8200		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Holding Company					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Bradford Chase			Vice-President Name Matthew Chase		
Street Address 31 Macomber Lane			Street Address 21 Peckham Ave.		
City Portsmouth	State RI	Zip 02871	City Newport	State RI	Zip 02840
Secretary Name Barbara Chase			Treasurer Name Bradford Chase		
Street Address 31 Macomber Lane			Street Address 31 Macomber Lane		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Bradford Chase			Director Name Matthew Chase		
Street Address 31 Macomber Lane			Street Address 21 Peckham Ave.		
City Portsmouth	State RI	Zip 02871	City Newport	State RI	Zip 02840
Director Name Barbara Chase			Director Name		
Street Address 31 Macomber Lane			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			840	Common	No Par Value

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY BY _____

FILED

JAN 11 2016

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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 Authorized Representative

01/07/2016

Date

Bradford Chase

Print or Type Name of Authorized Representative