

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:	2016
Limited Liability Company	

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- -> Penalty: Additional \$25.00 fee if form is not filed by December 1.

	F					
Entity ID Number	2. Exact name of the Limited Liability Company					
638747	Chace Trucking, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
48-49	Transportation services.					
5. State of Formation	1					
RI						
6. Principal Office Address	•		City	State	Zip	
110 Carpenter Street			Foster	RI	02825	
7. Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Person			
Contact Name			Contact Title			
Evan T. Chace			Member			
Street Address			City	State	Zip	
110 Carpenter Street			Foster	RI	02825	
8. List ALL managers (names ar	nd addresses) d	of the Limited Liabi	lity Company, IF APPLICA	ABLE - DO NOT LIST M	IEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			I	Check the box to in	dicate an attachment	
9. Resident Agent in Rhode Islan	nd. This informati	on is currently of rec	ord with the Department of S	State. Changes require filing	Form 642.	
Under penalty of perjury, I dec statements, and that all staten	lare and affirm	that I have exam	ined this report, includ			
Name of Authorized Person			Date	Date		
Evan T. Chace			10 -	10-11-16		
Signature of Authorized Person			CUMENT HERE	•		

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED OCT 1 4 2016

BY <u>280</u>