RI SOS Filing Number: 201870086330 Date: 6/20/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
28506	The Chace Fund, Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Receiving and making charitable contributions.
4. NAICS Code: 813219 - Other Grantmaking and	

6. Principal Office Address	City	State	Zip
46 Aborn Street, Fourth Floor	Providence	RI	02903

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

President Name: Elizabeth Z Chace			Vice-President Name: Arnold B Chace, Jr.		
Street Address: 46 Aborn Street, Fourth Floor			Street Address: 46 Aborn Street, Fourth Floor		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Secretary Name: Arnold B. Chace, Jr			Treasurer Name: Linda DeAngelis		
Street Address: 46 Aborn Street, Fourth Floor			Street Address: 46 Aborn Street, Fourth Floor		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Elizabeth Z. Chace			Director Name: Arnold B. Chace, Jr		
Street Address: 46 Aborn Street, Fourth Floor			Street Address: 46 Aborn Street, Fourth Floor		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Director Name: Johnnie C Chace			Director Name:		
Street Address: 46 Aborn Street, Fourth Floor			Street Address:		
City: Providence	State: RI	Zip: 02903	City:	State:	Zip:

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
Linda DeAngelis	06/18/18

Signature of Officer/Authorized Representative

SIGN DOCUMENT HERE

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUN 20 2018

BY

FORM 631 - Revised: 11/2017