



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

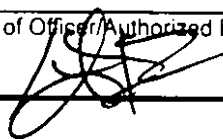
Annual Report for the year: 2018

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 28506		2. Exact name of the Corporation 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 46 Aborn Street, Fourth Floor		City Providence	State RI	Zip 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Linda DeAngelis				Date 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
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