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	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			Vice-President Name		
Elizabeth Z. Chace			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			**Treasurer Name**		
Arnold B. Chace, Jr			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			Director Name		
Elizabeth Z. Chace			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			**Director Name**		
Johnnie C. Chace					
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

JUN 20 2018

BY 273DS

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