

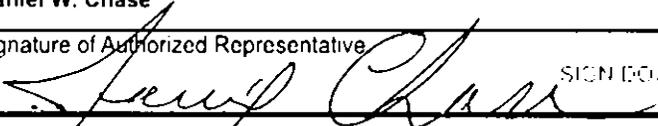


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2019 Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATION  
 2019 AUG 13 AM 10:55

1. Entity ID Number <b>795771</b>		2. Exact name of the Corporation <b>Chase Canopy Company Inc.</b>			
3. Principal Office Address <b>4 Nicky's Lane, P.O. Box 46</b>			City <b>Mattapoissett</b>	State <b>MA</b>	Zip <b>02739</b>
4. NAICS Code <b>532299</b>		6. Brief description of the character of business conducted in Rhode Island <b>Luxury Tent and Event Rentals</b>			
5. State of Incorporation <b>Massachusetts</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Daniel W. Chase</b>			Vice-President Name <b>Daniel W. Chase</b>		
Street Address <b>3 Sippican Lane</b>			Street Address <b>3 Sippican Lane</b>		
City <b>Mattapoissett</b>	State <b>MA</b>	Zip <b>02739</b>	City <b>Mattapoissett</b>	State <b>MA</b>	Zip <b>02739</b>
Secretary Name <b>Daniel W. Chase</b>			Treasurer Name <b>Andrew J. Craig</b>		
Street Address <b>3 Sippican Lane</b>			Street Address <b>3 Craig Street</b>		
City <b>Mattapoissett</b>	State <b>MA</b>	Zip <b>02739</b>	City <b>Carver</b>	State <b>MA</b>	Zip <b>02330</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Daniel W. Chase</b>			Director Name <b>Andrew J. Chase</b>		
Street Address <b>3 Sippican Lane</b>			Street Address <b>3 Craig Street</b>		
City <b>Mattapoissett</b>	State <b>MA</b>	Zip <b>02739</b>	City <b>Carver</b>	State <b>MA</b>	Zip <b>02330</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS-SERIES	PAR VALUE
			<b>275,000</b>	<b>CNP</b>	<b>zero (0)</b>
11. 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. <i>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>					
Name of Authorized Representative <b>Daniel W. Chase</b>				Date <b>08/08/2019</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE <b>FILED</b>	

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

AUG 13 2019  
 BY CE299 FORM 630 - Revised: 10/2017  
 A.A. 10:57 A.M.