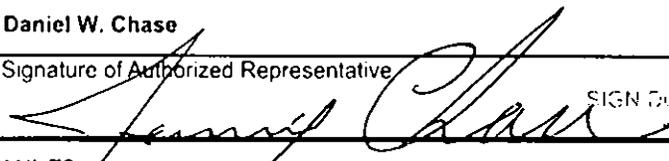




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

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

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

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

AUG 13 2019

BY **C. E. 294** A.M.
A.A. 10:56

FORM 630 - Revised: 10/2017