

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

Annual Report for the year: 2020
 Corporation

FILED

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

DEC 16 2019

BY 3490 DS

1 Entity ID Number <u>000007037</u>		2 Exact name of the Corporation <u>CHASE INTERIOR SYSTEMS INC.</u>	
3 Principal Office Address <u>40 MAPLE AVE</u>		City <u>LITTLE COMPTON</u>	State <u>RI</u>
		Zip <u>02887</u>	
4 NAICS Code <u>332323</u>	6 Brief description of the character of business conducted in Rhode Island <u>CONSTRUCTION & REPAIRS OF SMALL WOODEN BOATS</u>		
5 State of Incorporation <u>RI</u>			
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>FRANCIS H CHASE III</u>		Vice-President Name	
Street Address <u>40 MAPLE AVE</u>		Street Address <u>None</u>	
City <u>LITTLE COMPTON</u>	State <u>RI</u>	Zip <u>02887</u>	
Secretary Name <u>KATHLEEN A CHASE</u>		Treasurer Name	
Street Address <u>40 MAPLE AVE</u>		Street Address	
City <u>LITTLE COMPTON</u>	State <u>RI</u>	Zip <u>02887</u>	
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>FRANCIS H CHASE III</u>		Director Name	
Street Address <u>40 MAPLE AVE</u>		Street Address	
City <u>LITTLE COMPTON</u>	State <u>RI</u>	Zip <u>02887</u>	
Director Name <u>[Signature]</u>		Director Name <u>N/A</u>	
Street Address <u>[Signature]</u>		Street Address	
City <u>[Signature]</u>	State <u>[Signature]</u>	Zip <u>[Signature]</u>	
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 <u>100</u>	CLASS/SERIES <u>COMMON</u>
		PAR VALUE <u>NO PAR</u>	
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 <u>FRANCIS H CHASE III PRESIDENT</u>			Date <u>Dec 13 2019</u>
Signature of Authorized Representative <u>[Signature]</u>			