RI SOS Filing Number: 202042985130 Date: 6/19/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2020
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.

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JUN 1 9 2020	STAMP
323	FOR SECRETARY OF STATE USE ONLY

	T						
1. Entity ID Number	2. Exact name of the Corporation						
28506	The Chace Fund, Inc.						
3 State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Receiving and making charitable contributions.						
4 NAICS Code							
813219 - Other Grantmaking a					!		
6. Principal Office Address			City	State	Zip		
46 Aborn Street, Fourth Floor	or		Providence	RI	02903		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Elizabeth Z. Chac	abeth 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	Zıp		
9. Registered Agent in Rhode Islan	d. This information i	s currently of record	in the Department of State. Changes re	equire 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 Linda DeAngelis			Date 06/11/2020				
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov