Annual Report for the year: 2021

**Limited Liability Company** 

→ Filing period: September 1 - November 1

→ Filing Fee. \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1

OCT 1 2 2021

BY A 413

Entity ID Number	2 Exactina	2 Exact name of the Limited Liability Company				
638747	Chace 1	Chace Trucking, LLC				
3. NAICS Code  484110 5. State of Formation RI	I	Brief description of the character of business conducted in Rhode is and Transportation services				
·				Towns		
Principal Office Address     The Carpenter Street			City Foster	State RI	Zip 02825	
7. Mailing Address of Limited	Liability Compa	iny and Name o		•		
Contact Name Evan T. Chace			Contact Title Member			
Street Address 110 Carpenter Street			Cily Foster	State R1	<sup>Z p</sup> 02825	
8 List ALL managers (names	and addresse:	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
Gity	State	Zip	City	State	Zρ	
Vanager Name			Manager Name			
Street Audress			Street Address			
City	State	Z.p	C ty	State	Z p	
				Check the box to	ridicate an attachment	
9. The Resident Agent Inform	ation currently i	of record with the	e RI Department of State is ac	ccurate. Changes requi	re filing Form 642	
Under penalty of perjury, I c statements, and that all sta			examined this report, include true and correct.	ding any accompanyir	ng schedules and	
Name of Authorized Person				Date		
Evan T. Chace				101	10/2/21	
Signature of Authorized Person	m	Im				

MAIL TO:

**Division of Business Services** 

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

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