

State of Rhode Island Department of State - Business Services Division

Annual	Report	for	the	year:
Corpora	ation			

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→ Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number					BSD 39:44				
1. Entity ID Number 001744225	2. Exact name of the Corporation Chace Consulere Corporation								
Principal Office Address Roblyn Drive				City Johnston				Zip 02919	
4. NAICS Code 541610 5. State of Incorporation	Brief description of the character of business conducted in Rhode Island Business consultant								
RI									
List ALL officers (names and add	dresses)		·1		Check the box	to indic	ate an att	achment 🔲	
President Name Alex Chace			Vice-Presi	Vice-President Name					
Street Address 1 Roblyn Drive			Street Add	Street Address					
City Johnston	State RI	^{Zip} 02919	City	City				Zip	
Secretary Name	<u> </u>	<u> </u>	Treasurer Name			J			
Street Address			Street Add	Street Address					
City ***	State	Zip	City	-		State		Zip	
8. List ALL directors (names and a	l ddresses)	<u></u>		-	Check the box	to indic	ate an att	achment 🗔	
Director Name	ouresses _j		Director N		Officer the box	10 111010	·	<u>acriment B</u>	
Street Address	•	•	Street Add	ress					
City	State	Zip	City			State		Zip	
Director Name	<u>, </u>		Director N	Director Name				1	
Street Address			Street Address				******		
City	State	Zip	City			State	•	Zip	
9. Shares Authorized	<u> </u>	10. Shares Issu	ued		Check the bo	x to indi	cate an at	tachment	
This information is currently of record in the Department of State.		NUMBER OF	SHARES CLASS/SE		CLASS/SERIES	RIFS PAR VALUE			
Changes require an additional filing.									
11. This report must be executed of ceiver or trustee, this report must be Under penalty of perjury, I decla	e executed on be re and affirm that	half of the corpor	ration by the ed this repor	receiver or	trustee.				
statements, and that all stateme Name of Authorized Representativ		rein are true and	a correct.			Date		-	
Alex Chace					•	10/01/23			
Signature of Authorized Represent	ative Plan	····	•	FILED	000			·	

Division of Business Services

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

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

FORM 630- Revised: 04/2023