RI SOS Filing N	lumber: 20244	16750370 E	Date: 2/1	5/2024 4:00:00 PM			
State of Rhode Island Department of Sta		s Services D	ivision	FILE	:n		
Annual Report for the year:	• 1220						
Corporation -	FEB 15 2024						
Filing period: February 1 - May 1				267X			
Filing Fee: \$50.00				BY		\leftarrow	
Penalty: Additional \$25.00 fe	[O [C	Aba Camanatian					
1. Entity ID Number 00000 7037	2. Exact name of the Corporation CHASE INTERIOR SYSTEMS, INC. City LITTLE COMPTON RI 02837						
	CHASE	LNTERIOR	~Y575M	5. Inc.	 		
					State R/	Zip <i>02837</i>	
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island							
332323	CAUTTA	zursiou &	REPA	IR OF WOOD	FU BUAT	75	
5. State of Incorporation CONSTRUCTION & REPAIR OF WOODEN BUATS							
R1							
7. List ALL officers (names and add	resses)			Check the box	to indicate ar	n attachment 🛄	
Precident Name			Vice-President Name				
FRANCIS H CHASE III			7				
Street Address, MAPLE AVE			Street Address NONE				
City LITE COMPTON	State /	Zip 02837	City	_	State	Zip	
Secretary Name KATHLEEN A CHASE Street Address			Treasurer Name				
Street Address 40 Maples	Street Address NONE						
City Little COMPTON	State /	Zip 02837	City		State	Zip	
8. List ALL directors (names and ac		-23/		Check the box	to indicate at	n attachment 🔲	
Director Name							
FRANCIS N CNASTS THE							
Street Address HO MAPLE AUS			Street Address				
City Lettes COMPTON	State 92/	Zip 02837	City		State	Zip	
Director Name			Director Name				
Street Address	Street Address						
NONE -							
City	State	Zip	City	_	State	Zip	
9. Shares Authorized	·	10. Shares Issue			x to indicate a		
This information is currently of record Department of State.	rd in the	NUMBER OF S	HARES	CLASS/SERIES		PAR VALUE	
·		100		COMMON	1	D PAR	
Changes require an additional filing.				 -			
11. This report must be executed or ceiver or trustee, this report must be					ation is in the l	hands of a re-	
Under penalty of perjury, I declar	re and affirm that	I have examined	this report	t, including any accomp	panying sche	dules and	
Statements, and that all statements contained herein are true and correct.							
Name of Authorized Representative FRANCIS & CHASE TO					Date	2024	
Signature of Authorized Representative							
Jank Share Feets							
				 			

MAIL TO:

Division of Business Services

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

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