



**State of Rhode Island  
Department of State - Business Services Division**

REC'D RIDOS BSD  
24 MAY 3 AM 11:49:37

**STAMP**

FOR  
SECRETARY OF STATE  
USE ONLY

Annual Report for the year: 2024  
Limited Liability Company

- 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<br>001710466   |  | 2. Exact name of the Limited Liability Company<br>StChase Accounting Solutions, LLC                    |                  |              |
| 3. NAICS Code<br>541219  |  | 4. Brief description of the character of business conducted in Rhode Island<br><br>Accounting Services |                  |              |
| 5. State of Formation<br>RI  |  |  |                  |              |
| 6. Principal Office Address<br>143 Smith Road  |  | City<br>Harrisville  | State<br>RI      | Zip<br>02830 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |  |                  |              |
| Contact Name<br>Stephen Chase  |  | Contact Title<br>Owner   |                  |              |
| Street Address<br>143 Smith Road   |  | City<br>Harrisville  | State<br>RI      | Zip<br>02830 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |  |  |                  |              |
| 9. <i>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.</i> |  |  |                  |              |
| Name of Authorized Person<br>Stephen Chase   |  |  | Date<br>5/3/2024 |              |
| Signature of Authorized Person<br>   |  |  |                  |              |

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MAY 3 2024

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**MAIL TO:**  
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