



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:

2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

JAN 14 2025

35920

1. Entity ID Number <b>000004037</b>		2. Exact name of the Corporation <b>CHASE INTERIOR SYSTEMS, INC.</b>	
3. Principal Office Address <b>40 MAPLE AVE</b>		City <b>LITTLE COMPTON</b>	State <b>R.I.</b>
		Zip <b>02837</b>	
4. NAICS Code <b>332323</b>	6. Brief description of the character of business conducted in Rhode Island <b>CONSTRUCTION AND/OR REPAIR OF WOODEN BOATS</b>		
5. State of Incorporation <b>RHODE ISLAND</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>FRANCIS H CHASE III</b>		Vice-President Name <b>NONE</b>	
Street Address <b>40 MAPLE AVE</b>		Street Address <b>NONE</b>	
City <b>LITTLE COMPTON</b>	State <b>R.I.</b>	City <b>NONE</b>	State <b>NONE</b>
Zip <b>02837</b>		Zip <b>NONE</b>	
Secretary Name <b>KATHLEEN A CHASE</b>		Treasurer Name <b>NONE</b>	
Street Address <b>40 MAPLE AVE</b>		Street Address <b>NONE</b>	
City <b>LITTLE COMPTON</b>	State <b>R.I.</b>	City <b>NONE</b>	State <b>NONE</b>
Zip <b>02837</b>		Zip <b>NONE</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>FRANCIS H CHASE III</b>		Director Name <b>NONE</b>	
Street Address <b>40 MAPLE AVE</b>		Street Address <b>NONE</b>	
City <b>LITTLE COMPTON</b>	State <b>RI</b>	City <b>NONE</b>	State <b>NONE</b>
Zip <b>02837</b>		Zip <b>NONE</b>	
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address <b>NONE</b>		Street Address <b>NONE</b>	
City <b>NONE</b>	State <b>NONE</b>	City <b>NONE</b>	State <b>NONE</b>
Zip <b>NONE</b>		Zip <b>NONE</b>	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>100</b>	<b>COMMON</b>
		<b>—</b>	<b>NO PAR</b>
		<b>—</b>	<b>—</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.			
Name of Authorized Representative <b>FRANCIS H. CHASE III</b>		Date <b>JAN 11 2025</b>	
Signature of Authorized Representative  <b>FRANCIS H. CHASE III</b> <b>PRESIDENT</b>			

## MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov