



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 7674		2. Name of Corporation L & M LACE CO, INC.			
3. Street Address Principal Business Office 91 MAPLE VALLEY ROAD			City COVENTRY	State RI	Zip 02816
4. Business Phone No. 401-397-5480		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island LACE MANUFACTURING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LOUIS E GUILLEMETTE			Vice President Name CATHERINE A GUILLEMETTE		
Street Address 107 MAPLE VALLEY ROAD			Street Address 107 MAPLE VALLEY ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name CATHERINE A GUILLEMETTE			Treasurer Name LOUIS E GUILLEMETTE		
Street Address 107 MAPLE VALLEY ROAD			Street Address 107 MAPLE VALLEY ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name LOUIS E GUILLEMETTE			Director Name CATHERINE A GUILLEMETTE		
Street Address 107 MAPLE VALLEY ROAD			Street Address 107 MAPLE VALLEY ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100	COMMON	NPV

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.

FILED

File Date: JAN 15 2013

Check No. BY 187590 11:27

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Louis E Guillemette
Signature _____ Date 1/11/13

LOUIS E GUILLEMETTE
Print or Type Name

PRESIDENT
Title