



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV

2016 NOV -9 PM 12:19

1. Entity ID Number #592410		2. Exact name of the Corporation 108 LACES Incorporated			
3. Principal Office Address 30 Poppy Pl		City WARWICK	State RI	Zip 02886	
4. Business Phone Number 401-741-4383		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island BAR / Pub Newport, RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Wesley Armstrong		Vice-President Name Kevin Sullivan			
Street Address 30 Poppy Pl		Street Address 8 West Marlborough St			
City WARWICK	State RI	Zip 02886	City Newport	State RI	Zip 02840
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES 100		CLASS/SERIES	PAR VALUE 1
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 Wesley Armstrong				Date 11/9/16	
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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By A.A. 12:19 PM.
FORM 630 - Revised: 05/2016