RI SOS Filing Number: 202187565550 Date: 1/21/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year:	2021
Corporation	

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

<u></u>) · · · · · · · · · · · · · · · · · · ·						
1. Entity ID Number		2. Exact name of the Corporation						
00138890	Lacey, Inc.							
3. Principal Office Address			City		State	Zıp		
116 Aquidneck Avenue		Middletowi	n	RI	02842			
4. NAICS Code			cter of business	conducted in Rhode	Island			
722511	To operate a restaurant							
5. State of Incorporation								
R.I.								
7 List ALL officers (names an	d addresses)			Chec	k the box to in	dicate an attachment		
President Name James Lacey			Vice-President Name Kenneth Lacey					
Street Address 342 Forest Avenue			Street Address 226 Corcy Lane					
^{City} Middletown	State RI	^{Zip} 02842	City Middlet	town	State RI	^{Zip} 02842		
Secretary Name			Treasurer Name					
Street Address		Street Address						
City	State	Zip	City		State	Zıp		
8. List ALL directors (names a	and addresses)			Chec	k the box to in	idicate an attachment		
Director Name			Director Nam					
Street Address			Street Address					
City	State	Zıp	City		State	Zip		
Director Name	I ,		Director Nam	ne		1		
Street Address			Street Addres	ss				
City	State	Zıp	City		State	Zıp		
9. Shares Authorized	<u> </u>	10. Shares Is	ares Issued		Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.			OF SHARES		CLASS-SERIES PAR VALUE			
		0		Common		0		
11. This report must be execu	ited on behalf of the	e corporation by an	authorized repre	<u> </u>	oration is in t	he hands of a receiver or		
trustee, this report must be ex	xecuted on behalf o	of the corporation by	the receiver or t	trustee.				
Under penalty of perjury, I destatements, and that all sta	declare and affirm tements contained	that I have exami d herein are true a	ned this report, nd correct.	including any acco	ompanying so	chedules and		
Name of Authorized Representative Date JAN 14 2021						14 2021		
Signature of Authorized Repr	esentative	/			K_//71Y_~	1,2021		
						,		
MAIL TO:		··						

MAIL TO:

Division of Business Services

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

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