



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.

JAN 21 2021
 BY *[Signature]*

1. Entity ID Number 00138890		2. Exact name of the Corporation Lacey, Inc.			
3. Principal Office Address 116 Aquidneck Avenue			City Middletown	State RI	Zip 02842
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island To operate a restaurant			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James Lacey			Vice-President Name Kenneth Lacey		
Street Address 342 Forest Avenue			Street Address 226 Corey Lane		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS-SERIES	PAR VALUE
			0	Common	0
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 <i>Kenneth S. Lacey</i>				Date JAN. 14, 2021	
Signature of Authorized Representative <i>[Signature]</i>					

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

FORM 630 - Revised: 08/2020