



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*

\* 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&d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                                                    |                    |                                                             |                                                 |                    |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------|-------------------------------------------------|--------------------|---------------------|
| 1. Corporate ID No.<br><b>75256</b>                                                                                                                                                |                    | 2. Name of Corporation<br><b>Breakneck Food Corporation</b> |                                                 |                    |                     |
| 3. Street Address Principal Business Office<br><b>40 Breakneck Hill Road</b>                                                                                                       |                    |                                                             | City<br><b>Lincoln</b>                          | State<br><b>RI</b> | Zip<br><b>02865</b> |
| 4. Business Phone No.<br><b>(401) 725-8510</b>                                                                                                                                     |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>            |                                                 |                    |                     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><b>To sell at retail food and beverages, generally conduct the business a restaurant and lounge</b> |                    |                                                             |                                                 |                    |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                                  |                    |                                                             |                                                 |                    |                     |
| President Name<br><b>David E. Lahousse</b>                                                                                                                                         |                    |                                                             | Vice President Name<br><b>Donna M. Lahousse</b> |                    |                     |
| Street Address<br><b>106 Ridge Street</b>                                                                                                                                          |                    |                                                             | Street Address<br><b>106 Ridge Street</b>       |                    |                     |
| City<br><b>Woonsocket</b>                                                                                                                                                          | State<br><b>RI</b> | Zip<br><b>02895</b>                                         | City<br><b>Woonsocket</b>                       | State<br><b>RI</b> | Zip<br><b>02895</b> |
| Secretary Name<br><b>Robert L. Simmons</b>                                                                                                                                         |                    |                                                             | Treasurer Name<br><b>David E. Lahousse</b>      |                    |                     |
| Street Address<br><b>10 Nate Whipple Highway, P.O. Box 7366</b>                                                                                                                    |                    |                                                             | Street Address<br><b>106 Ridge Street</b>       |                    |                     |
| City<br><b>Cumberland</b>                                                                                                                                                          | State<br><b>RI</b> | Zip<br><b>02864</b>                                         | City<br><b>Woonsocket</b>                       | State<br><b>RI</b> | Zip<br><b>02895</b> |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                                 |                    |                                                             |                                                 |                    |                     |
| Director Name<br><b>David E. Lahousse</b>                                                                                                                                          |                    |                                                             | Director Name<br><b>Donna M. Lahousse</b>       |                    |                     |
| Street Address<br><b>106 Ridge Street</b>                                                                                                                                          |                    |                                                             | Street Address<br><b>106 Ridge Street</b>       |                    |                     |
| City<br><b>Woonsocket</b>                                                                                                                                                          | State<br><b>RI</b> | Zip<br><b>02895</b>                                         | City<br><b>Woonsocket</b>                       | State<br><b>RI</b> | Zip<br><b>02895</b> |
| Director Name                                                                                                                                                                      |                    |                                                             | Director Name                                   |                    |                     |
| Street Address                                                                                                                                                                     |                    |                                                             | Street Address                                  |                    |                     |
| City                                                                                                                                                                               | State              | Zip                                                         | City                                            | State              | Zip                 |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                         |                    |                                                             |                                                 |                    |                     |
| AUTHORIZED SHARES                                                                                                                                                                  |                    |                                                             | ISSUED SHARES                                   |                    |                     |
| Number of Shares                                                                                                                                                                   | Class/Series       | Par Value                                                   | Number of Shares                                | Class/Series       | Par Value           |
| <b>8000000</b>                                                                                                                                                                     | <b>PAR VALUE</b>   |                                                             | <b>*200*</b>                                    | <b>Common</b>      | <b>Par Value</b>    |
|                                                                                                                                                                                    |                    |                                                             |                                                 |                    |                     |

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.

File Date **FILED**  
Check No. **MAR 31 2008**  
By: **By 855051**  
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.

Signature **David E. Lahousse** Date **1/3/08**  
Print or Type Name **President**  
Title