



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 75256		2. Exact name of the Corporation BREAKNECK FOOD CORPORATION			
3. Principal office address 40 Breakneck Hill Road			City Lincoln	State RI	Zip 02865
4. Business Phone No. (401) 725-8510		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Full service restaurant					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David E. Lahousse			Vice-President Name Donna M. Lahousse		
Street Address 106 Ridge Street			Street Address 106 Ridge Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Robert L. Simmons			Treasurer Name David E. Lahousse		
Street Address 10 Nate Whipple Highway, P.O. Box 7366			Street Address 106 Ridge Street		
City Cumberland	State RI	Zip 02864	City Woonsocket	State RI	Zip 02895
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name David E. Lahousse			Director Name Donna M. Lahousse		
Street Address 106 Ridge Street			Street Address 106 Ridge Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
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"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No. Par \$5

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 SECRETARY OF STATE
 CORPORATION DIV
 2014 MAR 31 PM 1:55

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.

File Date _____
 Check No 6909
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 MAR 31 2014
 BY cu 221305

Signature of Authorized Representative: David E. Lahousse
 Date: 01/22/2014
 Print or Type Name of Authorized Representative: David E. Lahousse, President