



**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 2015**

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.<br><b>75256</b>                                                                                                                              |                    | 2. Exact name of the Corporation<br><b>BREAKNECK FOOD CORPORATION</b> |                                                                     |                     |                     |
| 3. Principal office address<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>Full service restaurant</b>                                                 |                    |                                                                       |                                                                     |                     |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                  |                    |                                                                       |                                                                     |                     |                     |
| 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. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                 |                    |                                                                       |                                                                     |                     |                     |
| 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                                                                                                                                          |                    |                                                                       | 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.<br>See Section 9 of instruction sheet. |                    |                                                                       | NUMBER OF SHARES                                                    | CLASS/SERIES        | PAR VALUE           |
|                                                                                                                                                               |                    |                                                                       | *100*                                                               | Common              | No Par Value        |
|                                                                                                                                                               |                    |                                                                       |                                                                     |                     |                     |

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 \_\_\_\_\_

Check No. 7122

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

**MAR 04 2015**

BY CA 243824

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.

David E. Lahousse  
Signature of Authorized Representative

**01/07/2015**  
Date

**David E. Lahousse, President**

Print or Type Name of Authorized Representative