



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

> Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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SECRETARY OF STATE
CORPORATIONS DIV

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1. Entity ID Number 115546		2. Exact name of the Corporation DDL RESTAURANT, INC.			
3. Principal Office Address 1013 Cass Avenue			City Woonsocket	State RI	Zip 02895
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Full service restaurant			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an 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 50 Abbott Run Valley Rd, U1601, PPO 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) Check the box to indicate an 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 RKI	Zip 02895
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	
100		Common		No Par Value	
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 David E. Lahousse, President				Date January 7, 2019	
Signature of Authorized Representative <i>David E. Lahousse</i>					

FILED

MAR 13 2019

BY 6AA3B