



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

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 75256		2. Name of Corporation Breakneck Food Corporation			
3. Street Address Principal Business Office 40 Breakneck Hill Road			City Lincoln	State RI	Zip 02865
4. Business Phone No. (401) 725-8510		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL AT RETAIL FOOD AND BEVERAGES, GENERALLY CONDUCT THE BUSINESS OF A RESTAURANT AND LOUNGE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 Hwy, PO Box 7366			Street Address 106 Ridge Street		
City Cumberland	State RI	Zip 02864	City Woonsocket	State RI	Zip 02895
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE		200	Common	NO PAR VALUE

SECRET  
CORPORATIONS DIVISION  
APR 11 11 20 05  
PM 2:08

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 4-12-05  
Check No. 3670  
By: [Signature]  
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] 1/27/05  
Signature of Officer Date  
David E. Lahousse  
Print or Type Name of Officer  
President  
Title of Officer

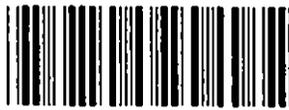


**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No <b>75256</b>		2. Name of Corporation <b>Breakneck Food Corporation</b>			
3. Street Address Principal Business Office <b>40 Breakneck Hill Road</b>			City <b>Lincoln</b>	State <b>Rhode Island</b>	Zip <b>02865</b>
4. Business Phone No <b>(401) 725-8510</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>3079</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO SELL AT RETAIL FOOD AND BEVERAGES, GENERALLY CONDUCT THE BUSINESS OF A RESTAURANT AND LOUNGE.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>David E. Lahousse</b>			Vice President Name <b>Donna M. Lahousse</b>		
Street Address <b>106 Ridge Street</b>			Street Address <b>106 Ridge Street</b>		
City <b>Woonsocket</b>	State <b>Rhode Island</b>	Zip <b>02895</b>	City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
Secretary Name <b>Robert L. Simmons</b>			Treasurer Name <b>David E. Lahousse</b>		
Street Address <b>10 Nate Whipple Highway, P.O. Box 7366</b>			Street Address <b>106 Ridge Street</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>David E. Lahousse</b>			Director Name <b>Donna M. Lahousse</b>		
Street Address <b>106 Ridge Street</b>			Street Address <b>106 Ridge Street</b>		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. 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>8,000</b>	<b>NO PAR VALUE</b>		<b>299</b>	<b>Common</b>	<b>NoParValue</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 5 2 5 6 \*

File Date FILED  
Check No. OCT 13 2004  
By: By M47106  
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 of Officer David E. Lahousse Date 1/7/04  
Print or Type Name of Officer David E. Lahousse  
Title of Officer President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **75256** 2. Name of Corporation **Breakneck Food Corporation**  
3. Street Address Principal Business Office **40 Breakneck Hill Road** City **Lincoln** State **RI** Zip **02865**  
4. Business Phone No. **(401) 725-8510** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Full Service Restaurant**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>David E. Lahousse</b>	Vice President Name <b>Donna M. Lahousse</b>
Street Address <b>106 Ridge Street</b>	Street Address <b>106 Ridge Street</b>
City State Zip <b>Woonsocket RI 02895</b>	City State Zip <b>Woonsocket RI 02895</b>
Secretary Name <b>Robert L. Simmons</b>	Treasurer Name <b>David E. Lahousse</b>
Street Address <b>10 Nate Whipple Highw, P.O. Box 7366</b>	Street Address <b>106 Ridge Street</b>
City State Zip <b>Cumberland RI 02864</b>	City State Zip <b>Woonsocket RI 02895</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>David E. Lahousse</b>	Director Name <b>Donna M. Lahousse</b>
Street Address <b>106 Ridge Street</b>	Street Address <b>106 Ridge Street</b>
City State Zip <b>Woonsocket RI 02895</b>	City State Zip <b>Woonsocket RI 02895</b>
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**200 Common No Par Value**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 5 2 5 6 \*

File Date: **FILED**

Check No.: **FEB 21 2003**

By: **Bv COMA 2609**

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.

*David E. Lahousse*  
Signature of Officer Date

**David E. Lahousse**  
Print or Type Name of Officer

**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **75256** 2. Name of Corporation **Breakneck Food Corporation**  
3. Street Address Principal Business Office **40 Breakneck Hill Road** City **Lincoln** State **RI** Zip **02865**  
4. Business Phone No. **(401) 725-8510** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Full Service Restaurant**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>David E. Lahousse</b>	Vice President Name <b>Donna M. Lahousse</b>
Street Address <b>106 Ridge Street</b>	Street Address <b>106 Ridge Street</b>
City State Zip <b>Woonsocket RI 02895</b>	City State Zip <b>Woonsocket RI 02895</b>
Secretary Name <b>Robert L. Simmons</b>	Treasurer Name <b>David E. Lahousse</b>
Street Address <b>50 Abbott Run Valley Rd., Unit 1601</b>	Street Address <b>106 Ridge Street</b>
City State Zip <b>Cumberland RI 02864</b>	City State Zip <b>Woonsocket RI 02895</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>David E. Lahousse</b>	Director Name <b>Donna M. Lahousse</b>
Street Address <b>106 Ridge Street</b>	Street Address <b>106 Ridge Street</b>
City State Zip <b>Woonsocket RI 02895</b>	City State Zip <b>Woonsocket RI 02895</b>
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>8,000</b>	<b>NO PAR VALUE</b>	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>200</b>	<b>Common</b>	<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 5 2 5 6 \*

File Date: 9-13-02

Check No.: 2264

By: AMK

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 of Officer: [Signature] Date: 1/3/02

**Robert L. Simmons**

Print or Type Name of Officer

**Secretary**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **75256** 2. Name of Corporation **Breakneck Food Corporation**  
3. Street Address Principal Business Office City State Zip  
**40 Brekneck Hill Road Lincoln RI 02865**  
4. Business Phone No. (404) 725-8510 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5079**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Full Service Restaurant**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>David E. Lahousse</b>	Vice President Name <b>Donna M. Lahousse</b>
Street Address <b>106 Ridge Street</b>	Street Address <b>106 Ridge Street</b>
City State Zip <b>Woonsocket RI 02895</b>	City State Zip <b>Woonsocket RI 02895</b>
Secretary Name <b>Robert L. Simmons</b>	Treasurer Name <b>David E. Lahousse</b>
Street Address <b>50 Abbott Run Valley Road, Unit 1601</b>	Street Address <b>106 Ridge Street</b>
City State Zip <b>Cumberland RI 02864</b>	City State Zip <b>Woonsocket RI 02895</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>David E. Lahousse</b>	Director Name <b>Donna M. Lahousse</b>
Street Address <b>106 Ridge Street</b>	Street Address <b>106 Ridge Street</b>
City State Zip <b>Woonsocket RI )@*(8</b>	City State Zip <b>Woonsocket RI 02895</b>
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**200 Common NO Par Value**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 5 2 5 6 \*

**FILED**

File Date: NOV 02 2001

Check No.: By Ce 1805

By: ll

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]* 1/2/01

Signature of Officer **Robert L. Simmons** Date

Print or Type Name of Officer

**Secretary**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **75256** 2. Name of Corporation **Breakneck Food Corporation**  
 3. Street Address Principal Business Office **40 Breakneck Hill Road** City **Lincoln** State **RI** Zip **02865**  
 4. Business Phone No. **(401) 725-8510** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**  
 7. Brief Description of the Character of Business Conducted in Rhode Island  
**Full service restaurant**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>David E. Lahousse</b> Street Address <b>106 Ridge Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>	Vice President Name <b>Donna M. Lahousse</b> Street Address <b>106 Ridge Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>
Secretary Name <b>Robert L. Simmons</b> Street Address <b>68 Countryside Drive</b> City <b>Cumberland</b> State <b>RI</b> Zip <b>02864</b>	Treasurer Name <b>David E. Lahousse</b> Street Address <b>106 Ridge Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>David E. Lahousse</b> Street Address <b>106 Ridge Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>	Director Name <b>Donna M. Lahousse</b> Street Address <b>106 Ridge Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>
Director Name <b>none</b> Street Address  City _____ State _____ Zip _____	Director Name  Street Address  City _____ State _____ Zip _____

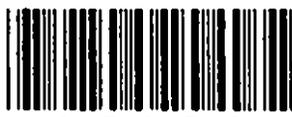
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
 Number of Shares Class/Series Par Value  
**8,000 SHS NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
 Number of Shares Class/Series Par Value  
**\*200\* Common No Par Value**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 5 2 5 6 \*

**FILED**

File Date: MAR 21 2000

Check No.: By ce 1194

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

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.

David E. Lahousse 1/28/00  
Signature of Officer Date

**David E. Lahousse**

Print or Type Name of Officer  
**President**

Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **75256** 2. Name of Corporation **Breakneck Food Corporation**

3. Street Address Principal Business Office **236 Woodland Road** City **Woonsocket** State **RI** Zip **02895**

4. Business Phone No **(401) 725-8510** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Full service restaurant**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>John M. Lahousse</b>	Vice President Name <b>David E. Lahousse</b>
Street Address <b>236 Woodland Road</b>	Street Address <b>106 Ridge Street</b>
City State Zip <b>Woonsocket RI 02895</b>	City State Zip <b>Woonsocket RI 02895</b>
Secretary Name <b>David E. Lahousse</b>	Treasurer Name <b>John M. Lahousse</b>
Street Address <b>106 Ridge Street</b>	Street Address <b>236 Woodland Road</b>
City State Zip <b>Woonsocket RI 02895</b>	City State Zip <b>Woonsocket RI 02895</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>John M. Lahousse</b>	Director Name <b>David E. Lahousse</b>
Street Address <b>236 Woodland Road</b>	Street Address <b>106 Ridge Street</b>
City State Zip <b>Woonsocket RI 02895</b>	City State Zip <b>Woonsocket RI 02895</b>
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<b>8,000 SHS NO PAR VALUE</b>	<b>*200*</b>
	<b>Common</b>
	<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



**FILED**

File Date: \_\_\_\_\_

**JUL 07 1999**

Check No.: \_\_\_\_\_

By: CC 889

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.

John M. Lahousse 1/20/99  
Signature of Officer Date

**John M. Lahousse**  
Print or Type Name of Officer

**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **75256** 2. Name of Corporation **Breakneck Food Corporation**  
3. Street Address Principal Business Office **236 Woodland Road** City **Woonsocket** State **RI** Zip **02895**  
4. Business Phone No. **(401) 725-8510** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Restaurant**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>John M. Lahousse</b> Street Address <b>236 Woodland Road</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>	Vice President Name <b>David E. Lahousse</b> Street Address <b>106 Ridge Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>
Secretary Name <b>David E. Lahousse</b> Street Address <b>106 Ridge Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>	Treasurer Name <b>John M. Lahousse</b> Street Address <b>236 Woodland Road</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name <b>John M. Lahousse</b> Street Address <b>236 Woodland Road</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>	Director Name <b>David E. Lahousse</b> Street Address <b>106 Rodge Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>
---	---

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 SHS NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**\*200\* common no par val**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 9/30/98

Check No.: 599

By: JMD

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 of Officer John M. Lahousse Date 2/1/98

Print or Type Name of Officer John M. Lahousse

Title of Officer President



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **75256** 2. Name of Corporation **Breakneck Food Corporation**  
 3. Street Address Principal Business Office **236 Woodland Road** City **Woonsocket** State **RI** Zip **02895**  
 4. Business Phone No. **(401) 725-8510** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**  
 7. Brief Description of the Character of Business Conducted in Rhode Island  
**Restaurant**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <b>John M. Lahousse</b> Street Address <b>236 Woodland Road</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>	Vice President Name <b>David E. Lahousse</b> Street Address <b>106 Ridge Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>
Secretary Name <b>David E. Lahousse</b> Street Address <b>106 Ridge Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>	Treasurer Name <b>John M. Lahousse</b> Street Address <b>236 Woodland Road</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name <b>John M. Lahousse</b> Street Address <b>236 Woodland Road</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>	Director Name <b>David E. Lahousse</b> Street Address <b>106 Ridge Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>
Director Name <b>John M. Lahousse</b> Street Address <b>236 Woodland Road</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>	Director Name <b>David E. Lahousse</b> Street Address <b>106 Ridge Street</b> City <b>Woonsocket</b> State <b>RI</b> Zip <b>02895</b>

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000 SHS NO PAR VALUE</b>			<b>*200*</b>	<b>common</b>	<b>no par val</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/24/97  
 Check No.: 7504  
 By: [Signature]  
 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 of Officer: [Signature] Date: \_\_\_\_\_  
 John M. Lahousse  
 Print or Type Name of Officer  
 President  
 Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO 75256		2. NAME OF CORPORATION Breakneck Food Corporation			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 236 Woodland Road			CITY Woonsocket	STATE RI	ZIP CODE 02864
4. BUSINESS PHONE NO (401) 725-8510		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 3079
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Restaurant					

### 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME John M. Lahousse			VICE PRESIDENT NAME David E. Lahousse		
STREET ADDRESS 236 Woodland Road			STREET ADDRESS 12 Trent Street		
CITY Woonsocket	STATE RI	ZIP CODE 02895	CITY Woonsocket	STATE RI	ZIP CODE 02895
SECRETARY NAME David E. Lahousse			TREASURER NAME John M. Lahousse		
STREET ADDRESS 12 Trent Street			STREET ADDRESS 236 Woodland Road		
CITY Woonsocket	STATE RI	ZIP CODE 02895	CITY Woonsocket	STATE RI	ZIP CODE 02895

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME John M. Lahousse			DIRECTOR NAME David E. Lahousse		
STREET ADDRESS 236 Woodland Road			STREET ADDRESS 12 Trent Street		
CITY Woonsocket	STATE RI	ZIP CODE 02895	CITY Woonsocket	STATE RI	ZIP CODE 02895
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

### 10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000 SHS	NO PAR VALUE		*200*	common	no par val

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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: 3-22-96

Check No: 7136

By: *[Signature]*  
For Secretary of State Use Only

*[Signature]*  
Signature of Officer

John M. Lahousse  
Print or Type Name of Officer

President  
Title of Officer

12/20/95  
Date



**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0075256 Annual Report for the year: 1995

Name of Corporation: Breakneck Food Corporation

Business entity organized under the laws of the State of: Rhode Island  
 For foreign entity, address and telephone number of principal office:  
 Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
Breakneck Hill Road  
Lincoln, Rhode Island 02865  
 Phone: (401) 725-8510  
 Brief statement of the character of business conducted in Rhode Island:  
Restaurant

**THE NAMES OF THE OFFICERS ARE:**

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT John M. Lahousse	236 Woodland Road	Woonsocket, Rhode Island	02895
VICE PRESIDENT David E. Lahousse	12 Trent Street	Woonsocket, Rhode Island	02895
SECRETARY David E. Lahousse	same	same	
TREASURER John M. Lahousse	236 Woodland Road	Woonsocket, Rhode Island	02895

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
John M. Lahousse	236 Woodland Road	Woonsocket, Rhode Island	02895
David E. Lahousse	12 Trent Street	Woonsocket, Rhode Island	02895

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
*8,000*	Common	*200*	Common

Date January 6 19 95  
 By: John M. Lahousse  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
 TITLE OF OFFICER SIGNING President

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

ROBERT L. SIMMONS, ESQ.  
 10 NATE WHIFFLE HIGHWAY  
 P.O. BOX 7366  
 CUMBERLAND RI 02864

**FILED**  
 MAR 02 1995  
 BY: 160904#  
6718