RI SOS Filing Number: 202193273050 Date: 2/26/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 FEB 25 P 4:01

1. Entity ID Number	2. Exact name of the Corporation
66133	PHANTOM FOOD CORPORATION

3. Principal Office Address	City	State	Zip
c/o Robert L. Simmons, 50 Abbott Run Valley Rd U1601,PO Box7366	Cumberland	RI	02864

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722511	Full service restaurant
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Brian M. Lahousse	
Street Address: 51 Suffolk Street	Street Address:
City: Bellingham, State: MA, Zip: 02019	City: , State: , Zip:
Secretary Name: Robert L. Simmons	Treasurer Name: Brian M. Lahousse
Street Address: 50 Abbott Run Valley Rd.Unit 1601, PO Box 7366	Street Address: 51 Suffolk Street
City: Cumberland, State: RI, Zip: 02864	City: Bellingham, State: MA, Zip: 02019

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Brian M. Lahousse	
Street Address: 51 Suffolk Street	Street Address:
City: Bellingham, State: MA, Zip: 02019	City: , State: , Zip:
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	*200*	Common	No Par Value
Changes require an additional filing.			

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	Date
Brian M. Lahousse, President ROBERT L. SIMMONS, SECRETARY	02/24/2021

Signature of Authorized Representative

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 26 2021
B# 8493

FORM 630 - Revised: 08/2020