



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2023  
 Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 BUS SVCS DIV

2023 MAY - 9 2:34

1. Entity ID Number <b>75256</b>		2. Exact name of the Corporation <b>BREAKNECK FOOD CORPORATION</b>			
3. Principal Office Address <b>40 Breakneck Hill Road</b>		City <b>Lincoln</b>		State <b>RI</b>	Zip <b>02865</b>
4. NAICS Code <b>722511</b>		6. Brief description of the character of business conducted in Rhode Island <b>Full service restaurant</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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>RI</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>50AbbottRunValleyRd,U1601,POBx7366</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>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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			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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>*100*</b>	<b>Common</b>	<b>No Par Value</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>David E. Lahousse, President</b>				Date <b>2-7-23</b>	
Signature of Authorized Representative 					

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 MAY 09 2023  
 BY 8691

MAIL TO:  
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