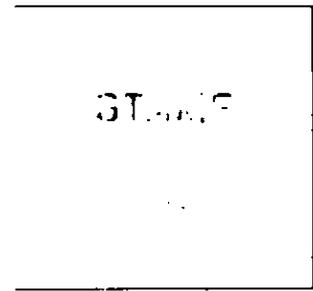




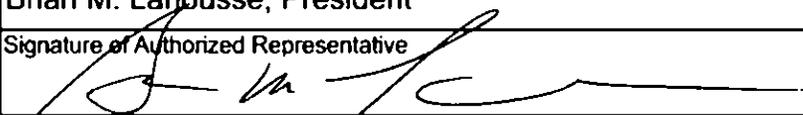
State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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Annual Report for the year: 2024
Corporation

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

1. Entity ID Number 66133		2. Exact name of the Corporation PHANTOM FOOD CORPORATION			
3. Principal Office Address c/o Robert L. Simmons, 50 Abbott Run Valley Rd U1601,			City Cumberland	State RI	Zip 02864
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 Brian M. Lahousse			Vice-President Name		
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. U1601, POB7366			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 <input type="checkbox"/>					
Director Name Brian M. Lahousse			Director Name		
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		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 Brian M. Lahousse, President					Date 2/2/2024
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 15 2024
 BY WZIQJ
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FORM 630 - Revised: 11/2021