



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
 24 APR 17 PM 3:26:45

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 75256		2. Exact name of the Corporation BREAKNECK FOOD CORPORATION			
3. Principal Office Address 40 Breakneck Hill Road			City Lincoln	State RI	Zip 02865
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 50AbbottRunValleyRd,U1601,POBx7366			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 RI	Zip 02895
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
		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 2/26/2024	
Signature of Authorized Representative 				Date APR 17 2024	

FILED
 326
 APR 17 2024
 8743

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

BY 8743