



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 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 					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

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