



State of Rhode Island

## Department of State - Business Services Division

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.

REC'D RIDOS BSD  
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1. Entity ID Number <b>115546</b>		2. Exact name of the Corporation <b>DDL RESTAURANT, INC.</b>			
3. Principal Office Address <b>1013 Cass Avenue</b>		City <b>Woonsocket</b>		State <b>RI</b>	Zip <b>02895</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			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			*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. <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
Signature of Authorized Representative					

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

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