



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

FILED
JUN 02 2025
RECEIVED
BY 5475 DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 000037895		2. Exact name of the Corporation BREAKFAST NOOK, INC.		2025 JUN -2 P 4:09	
3. Principal Office Address 6130 POST ROAD			City NORTH KINGSTOWN	State RI	Zip 02852
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island FOOD AND BEVERAGE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DIANNE SEDDON			Vice-President Name DIANNE SEDDON		
Street Address 196 SPENCER WOODS DRIVE			Street Address 196 SPENCER WOODS DRIVE		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Secretary Name DIANNE SEDDON			Treasurer Name DIANNE SEDDON		
Street Address 196 SPENCER WOODS DRIVE			Street Address 196 SPENCER WOODS DRIVE		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIALS
			0		COMMON
					PAR VALUE
					0
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 DIANNE SEDDON					Date 5-29-2025
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov