

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 134682 2. Name of Corporation princess enterprises II, inc.
3. Street Address Principal Business Office 583 ELMWOOD AVENUE City PROVIDENCE State RI Zip 02907-6 SIC Code
4. Business Phone No. 5. State of Incorporation RHODE ISLAND
7. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE A SANDWICH STORE

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Ernest Patricio Vice President Name Sherrie Patricio
Street Address 614 Pawtucket Avenue Street Address 614 Pawtucket Avenue
City Pawtucket State RI Zip 02860 City Pawtucket State RI Zip 02860
Secretary Name Sandra Patricio Treasurer Name Sandra Patricio
Street Address 614 Pawtucket Avenue Street Address 614 Pawtucket Avenue
City Pawtucket State RI Zip 02860 City Pawtucket State RI Zip 02860

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Ernest Patricio Director Name Sherrie Patricio
Street Address same as above Street Address same as above
City Pawtucket State RI Zip 02860 City Pawtucket State RI Zip 02860
Director Name Sandra Patricio Director Name
Street Address same as above Street Address
City Pawtucket State RI Zip 02860 City Pawtucket State RI Zip 02860

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 3 4 6 8 2

134682 DBC 01/26/05 04:28:50 PM

File Date 2-18-05

Check No. 7159

By: KB

FOR SECRETARY OF STATE USE ONLY

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.

Ernest Patricio 2-5-2005
Signature of Officer Date

Ernest Patricio

Print or Type Name of Officer

President

Title of Officer

Form 639 12/01



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3. Street Address Principal Business Office 583 Elmwood Avenue			City Providence	State RI	Zip 02907
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A SANDWICH STORE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ernest Patricio			Vice President Name Sherrie Patricio		
Street Address 614 Pawtucket Avenue			Street Address 614 Pawtucket Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Sandra Patricio			Treasurer Name Sandra Patricio		
Street Address 614 Pawtucket Avenue			Street Address 614 Pawtucket Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ernest Patricio			Director Name Sherrie Patricio		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name Sandra Patricio			Director Name		
Street Address same as above			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR VALUE			100	Common	No par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 3 4 6 8 2

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.

Ernest Patricio
Signature of Officer

2-16-04
Date

Ernest Patricio
Print or Type Name of Officer

President
Title of Officer

134682 DBC 01/28/04 02:43:17 PM

File Date 2/19/04

Check No. 1041

By: 81

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Form 630 12/01