



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.

FILED STATE

MAR 12 2024

BY

1. Entity ID Number 000572748		2. Exact name of the Corporation PRINCESS & SONS TWO, INC.	
3. Principal Office Address 1153 PUTNAM PIKE		City CHEPACHET	State RI
		Zip 02814	
4. NAICS Code 722513	6. Brief description of the character of business conducted in Rhode Island PIZZA AND BAKERY		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name ADAM D. SMITH		Vice-President Name RACHEL A. SMITH	
Street Address 1153 PUTNAM PIKE		Street Address 1153 PUTNAM PIKE	
City CHEPACHET	State RI	City CHEPACHET	State RI
Secretary Name RACHEL A. SMITH		Treasurer Name ADAM D. SMITH	
Street Address 1153 PUTNAM PIKE		Street Address 1153 PUTNAM PIKE	
City CHEPACHET	State RI	City CHEPACHET	State RI
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized <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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SLICES
		800	STK
		PAR VALUE	
		0.01	
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 ADAM D. SMITH			Date 2/4/2024
Signature of Authorized Representative 			