



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

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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) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02814	City CHEPACHET	State RI	Zip 02814
Secretary Name RACHEL A. SMITH			Treasurer Name ADAM D. SMITH		
Street Address 1153 PUTNAM PIKE			Street Address 1153 PUTNAM PIKE		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/STYLES PAR VALUE		
			800	STK	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 <i>Adam D. Smith</i>					