

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000000929

**Entity Name:** PRINCESS HOUSE, INC.**Current Principal Place of Business:**20 CABOT BLVD, SUITE 105  
MANSFIELD, MA 02048**Current Mailing Address:**20 CABOT BLVD, SUITE 105  
MANSFIELD, MA 02048 US**FEI Number:** 22-3320693**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** CT CORPORATION

03/06/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, VC  
Name ADUBATO, RICHARD  
Address 20 CABOT BLVD, SUITE 105  
City-State-Zip: MANSFIELD MA 02048

Title PRESIDENT, CEO, CHAIRMAN  
Name COTE, LYNNE  
Address 20 CABOT BLVD, SUITE 105  
City-State-Zip: MANSFIELD MA 02048

Title VP, TREASURER  
Name YOST, JEFFREY  
Address 20 CABOT BLVD, SUITE 105  
City-State-Zip: MANSFIELD MA 02048

Title SECRETARY  
Name YOST, JEFFREY  
Address 20 CABOT BLVD, SUITE 105  
City-State-Zip: MANSFIELD MA 02048

Title DIRECTOR  
Name DOMNGUEZ, CARLOS  
Address 20 CABOT BLVD, SUITE 105  
City-State-Zip: MANSFIELD MA 02048

Title DIRECTOR  
Name CHAMBERS, MICHAEL  
Address 20 CABOT BLVD, SUITE 105  
City-State-Zip: MANSFIELD MA 02048

Title DIRECTOR  
Name BASU, SUPROTIK  
Address 20 CABOT BLVD, SUITE 105  
City-State-Zip: MANSFIELD MA 02048

Title DIRECTOR  
Name CROWE, VAUGHN  
Address 20 CABOT BLVD, SUITE 105  
City-State-Zip: MANSFIELD MA 02048

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFFREY S YOST**SECRETARY**

03/06/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BASHKIN, JULIE  
Address 20 CABOT BLVD, SUITE 105  
City-State-Zip: MANSFIELD MA 02048

Title DIRECTOR  
Name GILFILLAN, MICHAEL  
Address 20 CABOT BLVD, SUITE 105  
City-State-Zip: MANSFIELD MA 02048

Title DIRECTOR  
Name MALLICK PETERSON, SABRINA  
Address 20 CABOT BLVD, SUITE 105  
City-State-Zip: MANSFIELD MA 02048