



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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1. Entity ID Number 789299		2. Exact name of the Corporation PCX CORP			
3. Principal Office Address 50 ANN MARRY STREET		City PAWTUCKET		State RI	Zip 02860
4. NAICS Code 448140		6. Brief description of the character of business conducted in Rhode Island RETAIL OF CLOTHING			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SOO BONG LEE			Vice-President Name SOO BONG LEE		
Street Address 47 EAGLE STRET #102			Street Address 47 EAGLE STRET #102		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name SOO BONG LEE			Treasurer Name SOO BONG LEE		
Street Address 47 EAGLE STRET #102			Street Address 47 EAGLE STRET #102		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SOO BONG LEE			Director Name		
Street Address 47 EAGLE STRET #102			Street Address		
City PROVIDENCE	State RI	Zip 02909	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/SERIES		PAR VALUE	
200		COMMON		NONE	
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 SOO BONG LEE				Date 10/07/2019	
Signature of Authorized Representative <i>S. B. Lee</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

NOV 08 2019
BY *[Signature]* / *AS FMV*
FORM 630 - Revised: 10/2017