

PHASII 09/30/2023 10:05 AM

State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year:
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

DEC 18 2023

BY

REC'D RIDOS BSD
23 DEC 15 PM 1:15:21

1. Entry ID Number 001765269		2. Exact name of the Corporation PHASE II PRODUCTS, INC.			
3. Principal Office Address 501 WEST BROADWAY, SUITE 2090			City SAN DIEGO	State CA	Zip 92101
4. NAICS Code 423200		6. Brief description of the character of business conducted in Rhode Island HOME FURNISHINGS			
5. State of Incorporation CA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LEE HUNT			Vice-President Name		
Street Address 666 GREENWICH STREET			Street Address		
City NEW YORK	State NY	Zip 10014	City	State	Zip
Secretary Name THERESA DAVIDSON			Treasurer Name MARCOS CHANG		
Street Address 1240 BLUE LAKE DRIVE			Street Address 13 DEERCREST DRIVE		
City FRISCO	State TX	Zip 75033	City HOLMDEL	State NJ	Zip 07733
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			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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					Date
Signature of Authorized Representative THERESA DAVIDSON					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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