



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025  
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

STAMP

FEB 05 2025  
BY 1948 AA

1. Entity ID Number <b>789299</b>		2. Exact name of the Corporation <b>PCX CORP</b>	
3. Principal Office Address <b>47 EAGLE ST #102</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02909</b>	
4. NAICS Code <b>458110</b>	6. Brief description of the character of business conducted in Rhode Island <b>RETAIL OF CLOTHING STORE</b>		
5. State of Incorporation <b>MA</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>SOO BONG LEE</b>		Vice-President Name	
Street Address <b>2 FELKAY CT</b>		Street Address	
City <b>KINNELON</b>	State <b>NJ</b>	Zip <b>07405</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
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	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <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.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		<b>200</b>	<b>COMMON 0</b>
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.			
<b>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.</b>			
Name of Authorized Representative <b>SOO BONG LEE</b>			Date <b>1/28/2025</b>
Signature of Authorized Representative <b>S. B. Lee</b>			

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov