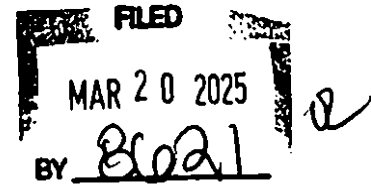


PHASE II 03/16/2025 9:37 AM

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.



1. Entity ID Number 17652609		2. Exact name of the Corporation PHASE II PRODUCTS, INC.			
3. Principal Office Address 16875 W BERNARDO DR., SUITE 285			City SAN DIEGO	State CA	Zip 92127
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		PAR VALUE
			100		1
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 3/17/2025
Signature of Authorized Representative as BA					

MAIL TO:

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