RI SOS Filing Number: 201930825660 Date: 12/30/2019 1:53:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 019 Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: \$50.00

RECHIVED
SECTETARY OF STATE
CURPORATIONS DIV

2019 DEC 30 PH 1:53

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.								
1. Entity ID Number	2. Exact name of	of the Corporation						
00/672972	·							
00/67 2972 3. Principal Office Address	BKCHOI Inc.		City		State	Zıp		
333 Westminster St 4. NAICS Code	, Suite 1	100	provide	ince	RI	02903		
4. NAICS Code	6. Brief descript	ion of the characte	r of business o	conducted in Rhode Is				
672972	Restaurant							
5. State of Incorporation	1							
RI	_							
7. List ALL officers (names and addresses) Check the box to indicate an attachment [
President Name Julyo (Nuj	Vice-President Name							
Street Address	Street Address							
333 Westminster of scrite 100								
Praidence	State	024 03	City		State	Zip		
Secretary Name			Treasurer Name					
Street Address			Street Address					
	Succi Addiess			.5				
City	State	Zip	City	<u>.</u>	State	Zip		
8. List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name			Director Name					
Street Address			Street Addres					
			Street Address					
City	State	Zip	City		State	Zip		
Director Name			Director Nam	Director Name				
9								
Street Address	Street Addres	55		İ				
City	State	Zip	City		State	Zip		
O Charas Authorned		140.6)	<u> </u>					
9. Shares Authorized 10. Shares Issue This information is currently of record in the NUMBER OF S								
Department of State.		100	/~ ^	00 (pmmon 40,01				
Changes require an additional filing.	•	100,	000	Commor	1	70,0		
14 This county was because to de-								
 This report must be executed of trustee, this report must be execute 	on behair of the co ed on behalf of th	orporation by an au te corporation by th	itnorized repre ne receiver or t	esentative. It the corpo trustee.	ration is in the h	ands of a receiver or		
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 Representativ		erein are true and	correct.		Date			
Trewoo Chu			FILES		Dec 30	2019		
Signature of Authorized Represent	tative		FILED		NEC 20	~ ~ ~ /		
DEC 3 0 2019								
110		_			•			
MAIL TO: Division of Business Services		- M	コハエ	10 152				

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

Phone: (401) 222-3040 Website: www.scs.ri.gov