RI SOS Filing No	0585140 I	Date: 8/25/2023 1:37:00 PMRECEIVED D. STATE RIDEAT OF STATE BUS S DIV B S SNI S DIV					
•		RI	Ď.	= STATE	1. D	· OF STATE	
State of Rhode Island	d	14.	BUS	SDIV	8 3 5	11.50.4	
Department of Sta	ate - Busines	s Services [)ivision c	; P 1: 35 7	073 JUL ?	} P : 03	
minimum report for the year.	2023	, LV	[3 K)0 %	•			
Corporation Filing period: February 1	May 1						
→ Filing Fee: \$50,00							
→ Penalty: Additional \$25,00 f	ee if form is not fit 2. Exact name of						
001699270	YU HOLD	•					
3. Principal Office Address	1		City	·· · ·-	State	Zip	
101E NIPMUC TRL			1 -	OVIDENCE	RI	02904	
4. NAICS Code	6. Brief description	on of the characte	er of busines	s conducted in Rhode	Island		
551112	HOLDING COMPANY						
5. State of Incorporation							
RI	<u> </u>						
7. List ALL officers (names and addresses) President Name			Vice-Presid	Check the box to indicate an attachment Vice-President Name PEIQI ZHANG			
YUCHEN YU				<u> </u>			
Street Address 101E NIPMUC	TRL		Street Addi	Street Address 101E NIPMUC TRL			
N PROVIDENCE	State RI	^{Zip} 02904		ROVIDENCE		RI ^{Zip} 02904	
Secretary Name YUCHEN YU			ľ	Treasurer Name YUCHEN YU			
Street Address 101E NIPMUC TRL			Street Addi	Street Address 101E NIPMUC TRL			
^{City} N PROVIDENCE	State RI	^{Zip} 02904	City N P	ROVIDENCE	State F	RI 02904	
8. List ALL directors (names and ad	ddresses)	.		Check the	box to indir	cate an attachment 🗖	
Director Name YUCHEN YU			Director Na	Director Name			
Street Address 101E NIPMUC TRL			Street Address				
City N PROVIDENCE	State RI	^{Ζiφ} 02904	City	City		Zip	
Director Name			Director Name				
Street Address				ress			
City	Tour		0.7	 	18	14:-	
Сяу	State	Zip	City		State	Žiρ	
9. Shares Authorized This Information is currently of reco	rd in the	10. Shares Issu		Check the		icate an attachment PAR VALUE	
and the supplemental of Charles		200		COMMON STOCK		0	
Changes require an additional filing.							
11. This report must be executed o	n habalf of the cor	noration by an ar	thorized sec	proceedative. If the cos	nocation is	in the hands of a re-	
ceiver or trustee, this report must be	e executed on bet	half of the corpora	ation by the i	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						
				ILED \31	7/20	/2023	
Signature of Authorized Representative AUG 2 5 2023 P 13NRV							
Lx //5 (PISNKU		- 	

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