

State of Rhode Island  
Department of State - Business Services DivisionRECEIVED  
RI DEPT. OF STATE  
BUS SVCS DIV

2023 JUL 31 P 1:02

Annual Report for the year: 2020

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 001699270			2. Exact name of the Corporation YU HOLDING INC		
3. Principal Office Address 101E NIPMUC TRL			City N PROVIDENCE	State RI	Zip 02904
4. NAICS Code 551112		6. Brief description of the character of business conducted in Rhode Island HOLDING COMPANY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name YUCHEN YU			Vice-President Name PEIQI ZHANG		
Street Address 101E NIPMUC TRL			Street Address 101E NIPMUC TRL		
City N PROVIDENCE	State RI	Zip 02904	City N PROVIDENCE	State RI	Zip 02904
Secretary Name YUCHEN YU			Treasurer Name YUCHEN YU		
Street Address 101E NIPMUC TRL			Street Address 101E NIPMUC TRL		
City N PROVIDENCE	State RI	Zip 02904	City N PROVIDENCE	State RI	Zip 02904
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name YUCHEN YU			Director Name		
Street Address 101E NIPMUC TRL			Street Address		
City N PROVIDENCE	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			200	COMMON STOCK	0
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 YUCHEN YU				Date 7/20/2023	
Signature of Authorized Representative 					

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

AUG 25 2023  
BY RB NRJ