RI SOS Filing Number: 202573205710 Date: 5/15/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

UTAR .

Annual Report for the year: Corporation	2025
→ Filing period: February 1 → Filing Fee: \$50.00	- May 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 to	fee if form is no	ot filed by May 31.							
Entity ID Number	2. Exact name of the Corporation								
000045107	The Y.C. Management Co. Inc.								
Principal Office Address	.		City		State		Zip		
d/b/a Chef Ho Restaurant	Chef Ho Restaurant, 243 Atwells Avenue			dence	Ri		02903		
4. NAICS Code	6. Brief descri	ption of the charact	er of busine	ss conducted in Rhode	Island		A.,		
722511	Restaurant.								
5. State of Incorporation	1								
RHODE ISLAND									
7. List ALL officers (names and add	dresses)		. Le n		box to ind	icate an att	achment 🗆		
President Name Yeat Yue Cha	n		Vice-Pres	ident Name					
Street Address 9 Spencer Hill Court			Street Ad	Street Address					
^{City} Warwick	State R1	^{Zip} 02886	City				Zip		
Secretary Name Dong L. Chan	-1 -	· · · · · · · · · · · · · · · · · · ·	Treasurer	Treasurer Name Dong L. Chan					
Street Address 9 Spencer Hill Court		Street Address 9 Spencer Hill Court							
^{City} Warwick	State RI	^{Z_{ip}} 02886	City Wa	Ctate	RI	Zip 02886			
8. List ALL directors (names and a	ddresses)				box to ind	icate an att	achment 🗆		
Director Name NONE			Director N	lame					
Street Address		Street Address							
City	State	Zıp	City		State		Zip		
Director Name		•	Director N	lame			•		
Street Address		Street Address							
City	State	Zip	City	City			Zip		
9. Shares Authorized		10. Shares Issi				dicate an at	tachment 🔲		
This information is currently of reco Department of State.	rd in the	NUMBER OF	SHARES			I			
Changes require an additional filing		250		Common Stock	<	No Par Value			
l	•								
 This report must be executed of ceiver or trustee, this report must be 	on behalf of the	corporation by an a	uthorized re	presentative. If the cor	poration is	in the hand	ds of a re-		
Under penalty of perjury, I decla statements, and that all stateme	re and affirm t	hat i have examine	ed this repo		ompanyin	g schedule	s and		
Name of Authorized Representative					Date				
YEAT YUE CHAN, President				04/15/2025					
Signature of Authorized Represent	Clas 1	H Dr		FILED	i	~			
MAIL TO:	Carrie 6	1		; MAY 15	2025				
Division of Business Services		1		112	120				

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

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

FORM 630- Revised: 12/2023