

Check No. SEP 1 4 2010

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

Form 630 Rev. 08/08

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR.

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. 1. Corporate ID No. 2. Name of Corporation DCJ, INC. 487416 3. Street Address Principal Busines. State 1500 DIAMOND HILL ROAD WOONSOCKET RI 02895 4. Business Phone No 5. State of Incorporation 401-762-3037 **RHODE ISLAND** 6. Brief Description of the Character of Business Conducted in Rhode Island HAIR DRESSOR President Name Vice President Name **DONNA HUBER** Stroot Address Street Address 13 BLOOMFIELD STREET Zψ City State Zψ **PAWTUCKET** RI 02861 Treasurer Name Secretary Name Street Address Street Address City State Zψ City State Ziti8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 🗍 FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State Z(t)State Zit City Director Name Director Name Street Address Street Address City CitvState $Z\psi$ State Zip9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. 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 hereful are true and correct. **FILED** Signature

DONNA HUBER
Print or Type Name
PRESIDENT

Title