State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year 2017

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
3246	C.J. Industries, Inc.

3. Principal Office Address	City	State	Zip
2270 Pawtucket Avenue	East Providence	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81 - Other Services (except P	Operating Car Wash
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: William Campbell			Vice-President Name: Colleen M. Campbell		
Street Address: 4 Wildrose Court			Street Address: 4 Wildrose Court		
City: Warwick	State: RI	Zip: 02888	City: Warwick	State: RI	Zip: 02888
Secretary Name: Colleen M. Campbell			Treasurer Name: William Campbell		
Street Address: 4 Wildrose Court			Street Address: 4 Wildrose Court		
City: Warwick	State: RI	Zip: 02888	City: Warwick	State: RI	Zip: 02888

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: None			Director Name: None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. 600	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	300	Common	No Par Value

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	Date
William Campbell	2/16/2017

Signature of Authorized Representative: William Campbell

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

FILED
FEB 21 2017
BY 8814 DS

FORM 630 - Revised: 10/2016