**State of Rhode Island**
**Department of State - Business Services Division**

FILED
FEB 11 2025
BY 3591 R

**Annual Report for the year:** 2025
**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 | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 487416 | DCJ INC | | | |
| 3. Principal Office Address | | City | State | Zip |
| 1500 Diamond Hill Rd | | Woonsocket | RI | 02895 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 812112 | Beauty Salon | | | |
| 5. State of Incorporation | | | | |
| RI | | | | |

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

| President Name | | | Vice-President Name | | |
|---|---|---|---|---|---|
| Donna Huber | | | | | |
| Street Address | | | Street Address | | |
| 140 Lincoln St | | | | | |
| City | State | Zip | City | State | Zip |
| Blackstone | MA | 01504 | | | |
| Secretary Name | | | Treasurer Name | | |
| | | | | | |
| Street Address | | | Street Address | | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| | | | | | |

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

| Director Name | | | Director Name | | |
|---|---|---|---|---|---|
| | | | | | |
| 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. Changes require an additional filing. | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | 100 | STK | .01 |
| | | | |

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 |
|---|---|
| | 2/5/25 |
| Signature of Authorized Representative | |
| Donna M Huber | |

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

FORM 630- Revised 12/2023