



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 115362		2. Exact name of the Corporation KJA Associates, INC			
3. Principal office address P.O. Box 113481			City NO. PROVID.	State RI	Zip 02911
4. Business Phone No. 401-353-3339			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Real estate Holdings/ construction management					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jodi Hansen			Vice-President Name		
Street Address P.O. Box 113481			Street Address		
City NO. PROVID.	State RI	Zip 02911	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name A. Joseph Malfred			Director Name MIKE MALLANU		
Street Address P.O. Box 113481			Street Address		
City NO. PROVID.	State RI	Zip 02911	City NO. PROVID.	State RI	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000		N/A

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 JAN - 8 AM 11:33

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.

File Date _____
 Check No. _____
 By _____
FOR SECRETARY OF STATE USE ONLY
 By 264859

FILED
JAN 08 2016
264859
 KM

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.

Jodi Hansen 1-8-16
 Signature of Authorized Representative Date
Jodi J. Hansen
 Print or Type Name of Authorized Representative