



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
 Corporation

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2017 DEC 14 AM 11:51

- 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 115362		2. Exact name of the Corporation KJA ASSOCIATES, INC			
3. Principal Office Address P. O. Box 113981			City NO. PROV.	State RI	Zip 02911
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Real estate const., mgmt			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name A. JUSDL MATHEO			Vice-President Name Jodi Harrison		
Street Address P. O. Box 113981			Street Address P. O. Box 113981		
City NO. PROV	State RI	Zip 02911	City NO. PROV	State RI	Zip 02911
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 <input type="checkbox"/>					
Director Name Jodi Harrison			Director Name		
Street Address P. O. Box 113981			Street Address		
City NO. PROV	State RI	Zip 02911	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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		100		ND	
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 Jodi J. Harrison					Date 12-14-17
Signature of Authorized Representative 					FILED
					DEC 14 2017

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

BY CU 319863