



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

Annual Report for the year: 2018
Corporation

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

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SECRETARY OF STATE
CORPORATIONS DIV

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1. Entity ID Number <u>115362</u>		2. Exact name of the Corporation <u>KJA ASSOCIATES, INC</u>			
3. Principal Office Address <u>P.O. Box 113981</u>		City <u>NO. PROVIDENCE</u>	State <u>RI</u>	Zip <u>02911</u>	
4. NAICS Code <u>531110</u>		6. Brief description of the character of business conducted in Rhode Island <u>Real estate const., mgmt</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>A. JUSZK MAHPO</u>			Vice-President Name <u>Jodi Harrison</u>		
Street Address <u>P.O. Box 113981</u>			Street Address <u>P.O. Box 113981</u>		
City <u>NO. PROVIDENCE</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>NO. PROVIDENCE</u>	State <u>RI</u>	Zip <u>02911</u>
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 <u>Jodi Harrison</u>			Director Name		
Street Address <u>P.O. Box 113981</u>			Street Address		
City <u>NO. PROVIDENCE</u>	State <u>RI</u>	Zip <u>02911</u>	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
		<u>100</u>			<u>ND</u>
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 <u>Jodi J. Harrison</u>					Date <u>12-14-17</u>
Signature of Authorized Representative <u>[Signature]</u>					

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