



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSI
24 FEB 22 PM 1:48 29

Annual Report for the year: 2024

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 <u>000115362</u> | | 2. Exact name of the Corporation <u>KJA Associates Inc</u> | | | | | | | | | | |
|--|--------------------|--|--------------------|------------------|--------------|-----------|------------|------------|-------------|--|--|--|
| 3. Principal Office Address <u>P.O. BOX 113981</u> | | City <u>NORTH PR</u> | State <u>RI</u> | | | | | | | | | |
| 4. NAICS Code <u>531110</u> | | 6. Brief description of the character of business conducted in Rhode Island <u>Construction/Real Estate</u> | | | | | | | | | | |
| 5. State of Incorporation <u>RI</u> | | | | | | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | |
| President Name <u>Andrew J. Matteo</u> | | Vice-President Name <u>JENNIFER HESS</u> | | | | | | | | | | |
| Street Address <u>1 MATTHEW DRIVE</u> | | Street Address <u>3 MATTHEW DRIVE</u> | | | | | | | | | | |
| City <u>N. PROVIDENCE</u> | State <u>RI</u> | City <u>N. PROVIDENCE</u> | State <u>RI</u> | | | | | | | | | |
| Secretary Name | | Treasurer Name | | | | | | | | | | |
| Street Address | | Street Address | | | | | | | | | | |
| City | State | City | State | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | |
| Director Name | | Director Name | | | | | | | | | | |
| Street Address | | Street Address | | | | | | | | | | |
| City | State | City | State | | | | | | | | | |
| Director Name | | Director Name | | | | | | | | | | |
| Street Address | | Street Address | | | | | | | | | | |
| City | State | City | State | | | | | | | | | |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | |
| | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td><u>100</u></td> <td><u>Gen</u></td> <td><u>0.00</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | <u>100</u> | <u>Gen</u> | <u>0.00</u> | | | |
| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | | | | | | | | | | |
| <u>100</u> | <u>Gen</u> | <u>0.00</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>Andrew J. Matteo</u> | | Date <u>2-22-24</u> | | | | | | | | | | |
| Signature of Authorized Representative <u>[Signature]</u> | | | | | | | | | | | | |

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

FEB 22 2024

3284m

RS