



State of Rhode Island  
Department of State - Business Services Division

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.

RECORDED  
20 FEB 2025 PM 4:05:28  
FOR  
CLERK OF STATE  
ONLY

1. Entity ID Number 000115362		2. Exact name of the Corporation KJA ASSOCIATES, INC.	
3. Principal Office Address PO BOX 113981		City NORTH PROVIDENCE	State RI
		Zip 02911	
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION/REAL ESTATE		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name ANDREW J MATTEO		Vice-President Name James Hess	
Street Address 1 MATTEO DRIVE		Street Address 3 North Ave	
City N PROV	State RI	Zip 02911	City N. Prov.
			State RI
			Zip 02904
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		100	0
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 ANDREW J MATTEO		Date 2/20/2025	
Signature of Authorized Representative 			

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

FILED  
FEB 20 2025  
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