



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 **2014**

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. 90890		2. Exact name of the Corporation L.A. TORRADO, ARCHITECTS, a corporation			
3. Principal office address 35 Greenwich Street		City Providence	State RI	Zip 02907	
4. Business Phone No. 401-781-0633		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Providing architectural and related professional services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Luis A. Torrado			Vice-President Name NONE		
Street Address 65 Brookridge Drive			Street Address		
City Exeter	State RI	Zip 02822	City	State	Zip
Secretary Name Luis A. Torrado			Treasurer Name Luis A. Torrado		
Street Address 65 Brookridge Drive			Street Address 65 Brookridge Drive		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Luis A. Torrado			Director Name		
Street Address 65 Brookridge Drive			Street Address		
City Exeter	State RI	Zip 02822	City	State	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
			100	Common	\$10.00

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

FILED

JUL 29 2014

BY 66661

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.

Signature of Authorized Representative

Date

Luis A. Torrado

Print or Type Name of Authorized Representative