



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 90890		2. Name of Corporation L.A. TORRADO, ARCHITECTS, a corporation			
3. Street Address Principal Business Office 76 DORRANCE STREET, SUITE 400			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 4013513309		5. State of Incorporation RHODE ISLAND		6. SIC Code 7682	
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDING ARCHITECTURAL AND RELATED PROFESSIONAL SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Luis A. Torrado			Director Name None		
Street Address 65 Brookridge Drive			Street Address .		
City Exeter	State RI	Zip 02822	City .	State .	Zip .
Director Name None			Director Name None		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	\$10.00 PAR VALUE		100	Common	\$10

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



9 0 8 9 0

90890 DBC 01/17/05 04:45:10 PM

File Date 2-22-05

Check No. 4430

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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] 2-11-05
Signature of Officer Date

Luis A. Torrado
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 90890		2. Name of Corporation L.A. TORRADO, ARCHITECTS, a corporation			
3. Street Address Principal Business Office 76 Dorrance Street, Suite 400			City Providence	State RI	Zip 02903
4. Business Phone No. (401) 351-3309		5. State of Incorporation RHODE ISLAND			6. SIC Code 7682
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDING ARCHITECTURAL AND RELATED PROFESSIONAL SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Luis A. Torrado			Director Name None		
Street Address 65 Brookridge Drive			Street Address		
City Exeter	State RI	Zip 02822	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	\$10.00 PAR VALUE		100	Common	\$10

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 0 8 9 0 *

File Date 2-9-04
Check No. 4033
By: LP

FOR SECRETARY OF STATE USE ONLY

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] 2/2/04
Signature of Officer Date
Luis A. Torrado
Print or Type Name of Officer
President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **90890** 2. Name of Corporation **L.A. TORRADO, ARCHITECTS, a corporation**
3. Street Address Principal Business Office **76 Dorrance Street, Suite 400** City **Providence** State **RI** Zip **02901**
4. Business Phone No. **(401) 351-3309** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7682**
7. Brief Description of the Character of Business Conducted in Rhode Island
Providing architectural and related professional services.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

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

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Luis A. Torrado	Director Name None
Street Address 65 Brookridge Drive	Street Address
City Exeter State RI Zip 02822	City State Zip
Director Name None	Director Name None
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,000	\$10.00	PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	\$10

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 0 8 9 0 *

File Date 4-3-03
Check No. 3564
By [Signature]

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] Date 2-19-03
Signature of Officer
Luis A. Torrado
Print or Type Name of Officer
President

L.A. TORRADO, ARCHITECTS, a corporation

Combined Stockholders' and Directors' Consent

The undersigned, being all of the Stockholders and Directors of the Corporation, consented and agreed to the following corporate action on 2-19-03.

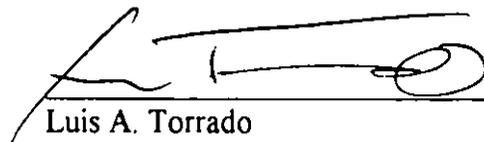
RESOLVED: That all the acts of the officers and directors of the Corporation during the preceding years are hereby ratified, confirmed and adopted.

RESOLVED: That the following persons be, and they hereby are, elected to serve as Members of the Board of Directors of the Corporation, to serve at the pleasure of the Stockholders, until removal, resignation or death, or until their respective successors are duly elected and qualified:

Luis A. Torrado

RESOLVED: That the following persons be, and they hereby are, elected to the offices set opposite their names to serve at the pleasure of the Stockholders, until removal, resignation or death, or until their respective successors are duly elected and qualified:

President	Luis A. Torrado
Secretary	Luis A. Torrado
Treasurer	Luis A. Torrado



Luis A. Torrado
Shareholder and Director



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90890** 2. Name of Corporation **L.A. TORRADO, ARCHITECTS, a corporation**
 3. Street Address Principal Business Office **76 Dorrance St., Suite 400** City **Providence** State **RI** Zip **02903**
 4. Business Phone No. **(401) 351-3309** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7682**

7. Brief Description of the Character of Business Conducted in Rhode Island
Providing architectural and related professional services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

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

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Luis A. Torrado	Director Name None
Street Address 65 Brookridge Drive	Street Address
City Exeter State RI Zip 02822	City State Zip
Director Name None	Director Name None
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
1,000 \$10.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
 Number of Shares Class/Series Par Value
100 Common \$10

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date: 3-5-02
 Check No.: 3076
 By: [Signature]

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 Officer: [Signature] Date: 2-26-02
Luis A. Torrado
 Print or Type Name of Officer
President
 Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90890** 2. Name of Corporation **L.A. TORRADO, ARCHITECTS, a corporation**
 3. Street Address Principal Business Office **76 Dorrance Street, Suite 400** City **Providence** State **RI** Zip **02903**
 4. Business Phone No. **(401) 351-3309** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7682**

7. Brief Description of the Character of Business Conducted in Rhode Island
Providing architectural and related professional services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Luis A. Torrado	Vice President Name None
Street Address 65 Brookridge Drive	Street Address
City State Zip Exeter RI 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 State Zip Exeter RI 02822	City State Zip Exeter RI 02822

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Luis A. Torrado	Director Name None
Street Address 65 Brookridge Drive	Street Address
City State Zip Exeter RI 02822	City State Zip
Director Name None	Director Name None
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
1,000 SHS \$10.00 PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
 Number of Shares Class/Series Par Value
100 Common \$10

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date: 2/14
 Check No.: 2624
 By: [Signature]

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] 2-6-01
 Signature of Officer Date

Luis A. Torrado
 Print or Type Name of Officer
President
 Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90890** 2. Name of Corporation **L.A. TORRADO, ARCHITECTS, a corporation**
 3. Street Address Principal Business Office **76 Dorrance Street, Suite 400** City **Providence** State **RI** Zip **02903**
 4. Business Phone No. **(401) 351-3309** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7682**

7. Brief Description of the Character of Business Conducted in Rhode Island
Providing architectural and related professional services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

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

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Luis A. Torrado	Director Name None
Street Address 65 Brookridge Drive	Street Address
City Exeter State RI Zip 02822	City State Zip
Director Name None	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
1,000 SHS \$10.00 PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
 Number of Shares Class/Series Par Value
100 Common \$10

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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3/13/00

File Date: _____

Check No.: 2224

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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] 3-2-00
 Signature of Officer Date

Luis A. Torrado
 Print or Type Name of Officer

President
 Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90890** 2. Name of Corporation **L.A. TORRADO, ARCHITECTS, a corporation**
 3. Street Address Principal Business Office **76 Dorrance Street, Suite 400** City **Providence** State **RI** Zip **02903**
 4. Business Phone No. **(401) 351-3309** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7682**

7. Brief Description of the Character of Business Conducted in Rhode Island
Providing architectural and related professional services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Luis A. Torrado	Vice President Name None
Street Address 84 Waterman Avenue	Street Address
City State Zip Warwick RI 02889	City State Zip
Secretary Name Luis A. Torrado	Treasurer Name Luis A. Torrado
Street Address 84 Waterman Avenue	Street Address 84 Waterman Avenue
City State Zip Warwick RI 02889	City State Zip Warwick RI 02889

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Luis A. Torrado	Director Name None
Street Address 84 Waterman Avenue	Street Address
City State Zip Warwick RI 02889	City State Zip
Director Name None	Director Name None
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
1,000 SHS \$10.00 PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
 Number of Shares Class/Series Par Value
100 Common \$10

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Mar 15, 99
 Check No.: 1806
 By: [Signature]

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 Officer: [Signature] Date: 2-27-99
 Luis A. Torrado
 Print or Type Name of Officer
 President
 Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90890** 2. Name of Corporation **L.A. TORRADO, ARCHITECTS, a corporation**

3. Street Address Principal Business Office **76 Dorrance Street, Suite 400** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **(401) 351-3309** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7682**

7. Brief Description of the Character of Business Conducted in Rhode Island
Providing architectural and related professional services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Luis A. Torrado	Vice President Name None
Street Address 84 Waterman Avenue	Street Address
City State Zip Warwick RI 02889	City State Zip
Secretary Name Luis A. Torrado	Treasurer Name Luis A. Torrado
Street Address 84 Waterman Avenue	Street Address 84 Waterman Avenue
City State Zip Warwick RI 02889	City State Zip Warwick RI 02889

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Luis A. Torrado	Director Name None
Street Address 84 Waterman Avenue	Street Address
City State Zip Warwick RI 02889	City State Zip
Director Name None	Director Name None
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS \$10.00 PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

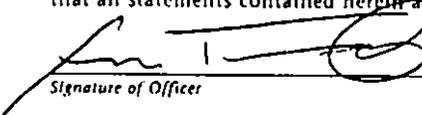
ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common \$10

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3/9
Check No.: 1477
By: LT

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 Officer _____ Date 2-2-98
Luis A. Torrado
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90890** 2. Name of Corporation **L.A. TORRADO, ARCHITECTS, a corporation**
3. Street Address Principal Business Office **76 Dorrance Street, Suite 400** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **(401) 351-3309** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7682**

7. Brief Description of the Character of Business Conducted in Rhode Island
Providing architectural and related professional services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Luis A. Torrado	Vice President Name None
Street Address 84 Waterman Avenue	Street Address
City State Zip Warwick RI 02889	City State Zip
Secretary Name Luis A. Torrado	Treasurer Name Luis A. Torrado
Street Address 84 Waterman Avenue	Street Address 84 Waterman Avenue
City State Zip Warwick RI 02889	City State Zip Warwick RI 02889

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Luis A. Torrado	Director Name None
Street Address 84 Waterman Avenue	Street Address
City State Zip Warwick RI 02889	City State Zip
Director Name None	Director Name None
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS	\$10.00 PAR VAL		100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 3/3/97
Check No.: 138
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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 Officer: [Signature] Date: 2-17-97
Luis A. Torrado
Print or Type Name of Officer
President
Title of Officer