RI SOS Filing Number: 202187115980 Date: 1/15/2021 2:51:00 PM

State of Rhode Island
**Department of State - Business Services Division**

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**Annual Report for the year:** 2020 AMENDED
**Non-Profit Corporation**
→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 001680125 | THE ASSOCIATED ARCHITECTSOF RI, INC. |
| 3. State of Incorporation: RI | 5. Brief description of the character of business conducted in Rhode Island: TO ENHANCE BUSINESS EFFORTS,PURSUE AND REVIEW LEGISLATION. |
| 4. NAICS Code: 813920 - Professional Organi; | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 1085 PARK AVENUE | CRANSTON | RI | 02910 |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: LUIS TORRADO | | | Vice-President Name: MEHDI KHORSROANI | | |
| Street Address: 35 GREENWICH STREET | | | Street Address: 1 VIRGINIA AVENUE STE 202 | | |
| City: PROVIDENCE | State: RI | Zip: 02908 | City: PROVIDENCE | State: RI | Zip: 02905 |
| Secretary Name: EDWARD ROWSE | | | Treasurer Name: MARK SACCOCCIO | | |
| Street Address: 400 MASSASOIT AVENUE STE 300 | | | Street Address: 1085 PARK AVENUE | | |
| City: EAST PROVIDENCE | State: RI | Zip: 02914 | City: CRANSTON | State: RI | Zip: 02910 |

8. List ALL directors (names and addresses). **RI Corporations MUST list at least THREE directors.** — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: LUIS TORRADO | | | Director Name: MEHDI KHORSROANI | | |
| Street Address: 35 GREENWICH STREET | | | Street Address: 1 VIRGINIA AVENUE STE 202 | | |
| City: PROVIDENCE | State: RI | Zip: 02908 | City: PROVIDENCE | State: RI | Zip: 02905 |
| Director Name: EDWARD ROWSE | | | Director Name: MARK SACCOCCIO | | |
| Street Address: 400 MASSASOIT AVENUE STE 300 | | | Street Address: MARK SACCOCCIO | | |
| City: EAST PROVIDENCE | State: RI | Zip: 02914 | City: CRANSTON | State: RI | Zip: 02910 |

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

***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.***

*This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee*

| Name of Officer/Authorized Representative | Date |
|---|---|
| [signature] | 1/12/21 |
| Signature of Officer/Authorized Representative | |

FILED 2:51
JAN 15 2021
BY [signature]

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

**FORM 631 - Revised: 08/2020**

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State of Rhode Island
**Department of State | Office of the Secretary of State**
**Nellie M. Gorbea,** *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

January 15, 2021 02:51 PM

Nellie M. Gorbea
*Secretary of State*