



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020 AMENDED
Non-Profit Corporation

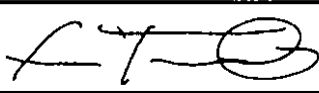
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JAN 15 PM 2:51

1. Entity ID Number 001680125		2. Exact name of the Corporation THE ASSOCIATED ARCHITECTS OF 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 Organiz					
6. Principal Office Address 1085 PARK AVENUE		City CRANSTON		State RI	Zip 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative 				Date 1/12/21	
Signature of Officer/Authorized Representative					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

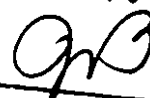
Website: www.sos.ri.gov

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JAN 15 2021

BY





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

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

