



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 13 2024

BY

Annual Report for the year: 2024

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001688566		2. Exact name of the Corporation Latino Design and Construction Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Educate, promote, advocate, advance, and represent minority business enterprise contractors in RI and any other lawful business appropriate for its cause			
4. NAICS Code 813910 Business Assoc.					
6. Principal Office Address 35 Greenwich Street			City Providence	State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Luis A. Torrado			Vice-President Name Jose Marcano		
Street Address 35 Greenwich Street			Street Address 35 Greenwich Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Gabriel Varga			Treasurer Name Luis Torrado		
Street Address 35 Greenwich Street			Street Address 35 Greenwich Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Luis Torrado			Director Name Jose Marcano		
Street Address 35 Greenwich Street			Street Address 35 Greenwich Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name Gabriel Varga			Director Name		
Street Address 35 Greenwich Street			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
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 Robert E. Craven					Date
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services
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