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State of Rhode Island
Department of State - Business Services Division

FILED
MAY 02 2025
BY 10218

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2025 MAY 2 P 3:38

1. Entity ID Number	2. Exact name of the Corporation
000090890	L.A. Torrado, Architects, A Corporation

3. Principal Office Address	City	State	Zip
35 Greenwich Street	Providence	RI	02907

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541310	Providing Architectural and related professional services
5. State of Incorporation	
RI	

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

President Name: Luis A. Torrado			Vice-President Name:		
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) — Check the box to indicate an attachment ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	CWP	$10.0000

11. 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.

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.

Name of Authorized Representative	Date
Robert E. Craven	2/20/25

Signature of Authorized Representative

Robert E Craven

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