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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00** THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
9450	A. Teixeira & Company, Inc.			
3. Street Address Principal Business Office		City	State	Zip
2080 Diamond Hill Road		Cumberland	RI	02864
4. Business Phone No.	5. State of Incorporation			
401-333-4131	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Any lawful business.

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

President Name			Vice President Name		
Joaquim Duarte			Manuel Moitoso		
Street Address			Street Address		
150 High Street			1085 Lonsdale Avenue		
City	State	Zip	City	State	Zip
Cumberland	RI	02864	Central Falls	RI	02863
Secretary Name			Treasurer Name		
Sandra Matrone Mack			Honorato Custodio		
Street Address			Street Address		
50 Kennedy Plaza, Ste. 1500			605 Newport Avenue		
City	State	Zip	City	State	Zip
Providence	RI	02903	Pawtucket	RI	02861

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

Director Name			Director Name		
None.					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	Common	No Par Value

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
632	Common	No Par Value

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.

[redacted] [redacted]

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* 3/5/08

Sandra Matrone Mack
Print or Type Name

[redacted] Secretary
Title

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File Date
Check No. MAR 06 2008 013895
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21501-22-246664

Form 630 Rev. 12/06