



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>796488</b>		2. Exact name of the limited liability company <b>TEIXEIRA, LLC</b>	
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>LESSOR OF REAL ESTATE</b>	
5. Principal office address <b>400 MASSASOIT AVENUE</b>		City <b>EAST PROVIDENCE</b>	State <b>RI</b> Zip <b>02914</b>
6. MAJOR ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF CONTACT PERSON			
Contact Name <b>GILBERT TEIXEIRA</b>		Contact Title <b>MEMBER</b>	
Street Address <b>400 MASSASOIT AVENUE</b>		City <b>EAST PROVIDENCE</b>	State <b>RI</b> Zip <b>02914</b>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY (IF APPLICABLE) - DO NOT LIST MEMBERS (If none, check box) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

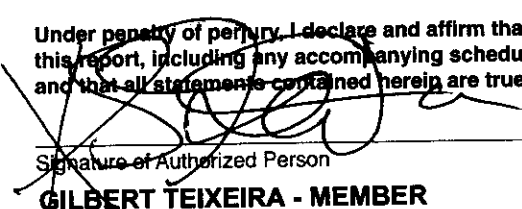
**FILED**

NOV 18 2015

BY 00261479

File Date \_\_\_\_\_  
Checked by \_\_\_\_\_  
By \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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 of Authorized Person  
Date **09/30/2015**  
**GILBERT TEIXEIRA - MEMBER**  
Print or Type Name of Authorized Person