

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

1. Entity ID No.		ILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE. 2. Exact name of the Corporation									
103098	ľ	Teixeira Financial Group, Inc.									
3. Principal office address 750 EAST AVENUE			City PAWTUCKET	State RI	Zip 02860						
4. Business Phone No. 508-431-1099			5. State of Incorporation RHODE ISLAND								
6. Brief description of the char TO OFFER BUSINES:				NTITY OR INDIVIDU	AL						
7. UST <u>all</u> officers (na	MES AND ADDR	IESSES) ("X" BOX FOR A	TTACHMENT)	"Consent of the end of a con-							
President Name PAUL TEIXEIRA			Vice-President Name None								
Street Address 228 COUNTY STREET			Street Address								
City ATTLEBORO	State MA	Zip 02703	City	State	Zip						
Secretary Name PAUL TEIXEIRA			Treasurer Name PAUL TEIXEIRA								
Street Address 228 COUNTY STREET			Street Address 228 COUNTY STREET								
City ATTLEBORO	State MA	Zip 02703	City ATTLEBORO	State MA	Zip 02703						
8. LIST <u>ALL</u> DIRECTORS (N	AMES AND ADD	HESSES) ("X" BOX FOR									
Director Name PAUL TEIXEIRA			None S								
Street Address 228 COUNTY STREET			Street Address R								
City ATTLEBORO	State MA	Zip 02703	City	State	ZZO ORACIO						
Director Name None			Director Name None								
Street Address			Street Address 5. DV								
City	State	Zip	City	State	ZIPO						
9. SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTACHM	ENT)						
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE						
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of Instruction sheet.		1000	Common	No Par Value							
This report must be executed		corporation by an authorize st be executed on behalf of			f a receiver or trustee,						

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Form No. 630 Revised: 01/2012

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.

**FILED** 

Signature of Authorized Representative

Date

**PAUL TEIXEIRA** 

FEB 29 2016 Print or Type Name of Authorized Representative

By AC 268807