



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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2017 AUG 15 PM 2:18

1. Entity ID Number <u>111745</u>		2. Exact name of the Corporation <u>LUZ C. TEIXEIRA, Ph.D., INC</u>												
3. Principal Office Address <u>100 LAFAYETTE STREET, SUITE 208</u>			City <u>PAW TUCKET</u>	State <u>RI</u>	Zip <u>02860</u>									
4. NAICS Code <u>62</u>		6. Brief description of the character of business conducted in Rhode Island <u>PSYCHOLOGIST CONSULTING AND TESTS</u>												
5. State of Incorporation <u>RI</u>														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name <u>LUZ C. TEIXEIRA</u>			Vice-President Name <u>LEONEL R. TEIXEIRA</u>											
Street Address <u>575 EAST AVENUE</u>			Street Address <u>575 EAST AVENUE</u>											
City <u>PAW TUCKET</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>PAW TUCKET</u>	State <u>RI</u>	Zip <u>02860</u>									
Secretary Name <u>SAME AS ABOVE</u>			Treasurer Name <u>SAME AS ABOVE</u>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name <u>LUZ C. TEIXEIRA</u>			Director Name <u>LEONEL R. TEIXEIRA</u>											
Street Address <u>575 EAST AVENUE</u>			Street Address <u>575 EAST AVENUE</u>											
City <u>PAW TUCKET</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>PAW TUCKET</u>	State <u>RI</u>	Zip <u>02860</u>									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>100</u></td> <td></td> <td><u>0</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>100</u>		<u>0</u>			
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<u>100</u>		<u>0</u>												
Changes require an additional filing.														
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 <u>LEONEL R. TEIXEIRA</u>					Date <u>08/15/2017</u>									
Signature of Authorized Representative 														

FILED

SIGN DOCUMENT HERE

AUG 15 2017