



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2018  
 Limited Liability Company

- Filing period: September 1 - November 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

**FILED**

MAR 01 2019

BY

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1. Entity ID Number <b>000796488</b>		2. Exact name of the Limited Liability Company <b>TEIXEIRA, LLC</b>			
3. NAICS Code 62411		4. Brief description of the character of business conducted in Rhode Island MEDICAL OFFICES			
5. State of Formation RI					
6. Principal Office Address C/O GASCHEN LAW OFFICES, POB ONE			City CUMBERLAND	State RI	Zip 02864
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>GILBERT TEIXEIRA</b>			Contact Title <b>MANAGER</b>		
Street Address <b>400 MASSASOIT AVENUE, SUITE 300</b>			City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>GILBERT TEIXEIRA</b>				Date <b>JANUARY 2019</b>	
Signature of Authorized Person 					

## MAIL TO:

## Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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