



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2019

Limited Liability Company

OCT 17 2019

BY

1285 OS

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

1. Entity ID Number 00796488		2. Exact name of the Limited Liability Company Teixeira, LLC			
3. NAICS Code 621111		4. Brief description of the character of business conducted in Rhode Island Physician's Office			
5. State of Formation RI					
6. Principal Office Address c/o Gaschen Law Offices, 180 Little Pond County Road		City Cumberland	State RI	Zip 02864	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Gilbert Teixeira			Contact Title Manager		
Street Address 400 Massasoit Avenue		City East Providence	State RI	Zip 02914	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager 1		Manager Name			
Street Address		Street Address			
City		City	State	Zip	
Manager Name		Manager Name			
Street Address		Street Address			
City		State	Zip	City	
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.					
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 Person Gilbert Teixeira					Date
Signature of Authorized Person <i>[Handwritten Signature]</i>					<i>12/6/19</i>

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov