



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JAN 21 2020

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

BY

1. Entity ID Number 148949		2. Exact name of the Corporation Gil Teixeira D.O., Inc.									
3. Principal Office Address c/o Gaschen Law Offices 180 Little Pond County Road			City Cumberland		State RI						
					Zip 02864						
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Medical Practice									
5. State of Incorporation RI											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Gilbert Teixeira			Vice-President Name								
Street Address 400 Massasoit Avenue Unit 300			Street Address								
City East Providence	State RI	Zip 02914-2010	City	State	Zip						
Secretary Name Gilbert Teixeira			Treasurer Name Gilbert Teixeira								
Street Address 400 Massasoit Avenue Unit 300			Street Address 400 Massasoit Avenue Unit 300								
City East Providence	State RI	Zip 02914-2010	City East Providence	State RI	Zip 02914-2010						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Gilbert Teixeira			Director Name								
Street Address 400 Massasoit Avenue Unit 300			Street Address								
City East Providence	State RI	Zip 02914-2010	City	State	Zip						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>300</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300	Common	No Par
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
300	Common	No Par									
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 Gilbert Teixeira				Date 1/17/2020							
Signature of Authorized Representative											
SIGN DOCUMENT HERE											

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov