

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

100 North Main Street Providence, RI 02903-1335 401.222.3040

Corporations Division

Matthew A. Brown, Secretary of State

ROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR	2005
		2000

Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN		g Fee: \$50.00	I TON THE TEAK		
1, Corporate ID No.	2. Name of Corporation	1		-	·
103098	Teixeira Financ	ial Group, Inc.			
3. Street Address Principal Business (-	City	State .	2.tp
164 Virginia Aven	lue	T	Attleboro Falls	MA	02763
508 699-2137		S. State of Incorporation RHODE ISLAND			6. SIC Civile 6130
7. Brief Description of the Character TO OFFER BUSINESS	of Business Conducted in I AND CONSULTING S	Rhode Island ERVICES TO ANY TYPE	OF ENTITY OR INDIVIDUAL		·
8. NAMES AND ADDRESSES President Name	OF THE OFFICERS	: ("X" BOX FOR ATTA	ACHMENT) [] FILL IN SPA	CES BEFORE USING A	TTACHMENTS '
Paul Teixeira		··· <u> </u>	None		
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·	
164 Virginia Aven	State	Zip		T	
Attleboro Falls	MA	02763	Glty	State	Zip
Jane Teixeira			Treasurer Name		•
Street Address		-	Paul Teixeira Sircet Address	<u> </u>	
164 Virginia Aven	ue		164 Virginia Aven	10	
City:	State	Zip	: City	State	Zip
Attleboro Falls	MA	02763	Attleboro Falls	MA	02763
9. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR AT	•	PACES BEFORE USING	
Director Name			Director Name		
Paul Teixeira Street Address			<u>_</u>		_
			Street Address		
<u>l64 Virginia Aven</u>	State	Ta.	<u> </u>		· · · · · · · · · · · · · · · · · · ·
Attleboro Falls	MA	02763	City	State	Zip
Director Name Jane Teixeira			Director Name	•	
Street Address				-	
164 Virginia Aven	ue		Street Address		
City	State	Zip	City	State	Zíp
Attleboro Falls	MA	02763			·
10. SHARES AUTHORIZED ("X" BOX FOR ATTA	CHMENT) [11. SHARES ISSUED ("X"	BOX FOR ATTACHME	ן מ <i>וא</i> ב
AUTHORIZED SHARES			15SUED SHARES		,)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			1,000	Common Stock	No Par
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This report must be at	gives in this by chile	i the Freshdent, vice P	resident, Secretary, Assistant S	ecretary, Treasurer, Rec	eiver or Trustee
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		11 12 14 15 1			
	103098		Under penalty of perjury,	I declare and affirm that I	have examined this report.
- Care	_		contained herein are true	ing schedules and stateme and correct.	nts, and that all statements
File Date	<u>Lu</u>		f. no	•	
Chart No. MAR i			Signature of Officer	ya:	Date
Check No MIAN	# / ²		·		wat
By	<u></u>		Paul Teixeira Print or Type Name of Office	cer	
FOR SECRETARY OF STAT	E USE ONLY		President		
<u>_</u>			Title of Officer		



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Divisio 100 North Main Stre-Providence, RI 02903-133 401.222.304

PROFIT	CORPORATIO	N.	ANNUAL REPORT	FOR	THE YE	EAR	2004
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. Corporate ID No	2 Name of Corpo	ration			 		
103098	1 ' '	ancial Group, Inc.					
Street Address Principal Business	Office		City	State	240		
164 Virginia Aven	ue		Attleboro Fa		ν _φ 02763		
Business Phone No.		5. State of Incorporat		·	6 SIC Code		
508 699-2137		RHODE ISLAM	ID		6130		
Brief Description of the Character TO OFFER BUSINESS /	of Business Conducte	d in Rhode Island	PE OF ENTITY OR INDIVIDU	IAI			
NAMES/AND/ADDRESSES							
O Visional Name			Vice President Name	in spaces beig	revsing at taciments		
Paul Teixeira			None				
reet Address		_					
164 Virginia Aven	ue		Street Address				
ty	State	Zip	City	- Crass			
Attleboro Falls	MA	02763	•••••	State	Zip 		
Jane Teixeira			Paul Teixeira	Treasurer Name			
eet Address			Street Address				
164 Virginia Aven	ue		164 Virginia	Avenue			
γ .	State	Zip	City	State	120		
Attleboro Falls	MA	02763	Attleboro Fal		^{2(p} 02763		
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<u>《五年大学、大元二》</u>	A	Section 1		

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.

au M

Date

Paul Teixeira

Signature of Officer

Print or Type Name of Officer

President

Title of Officer

BUSINESS CORPORATION

STATEMENT OF CHANGE OF REGISTERED OFFICE BY THE REGISTERED AGENT

Pursuant to the provisions of Sections 7-1.1-12(d) or 7-1.1-107(d) of the General Laws, 1956, as amended, the undersigned registered agent submits the following statement for the purpose of changing the agent's business address and the address of the registered office of the corporation named herein to another place within the state:

1. The name of the corporation is

Teixeira Financial Group, Inc.

2. The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:

170 Westminster Street Suite 900 Providence, RI 02903

3. The address of the NEW registered office is:

222 Jefferson Boulevard Suite 200 Warwick, RI 02888

- 4. The change of address of the registered office shall become effective upon the filing of this statement, or on

 (a date not prior to, nor more than 30 days after, filing this statement)
- 5. A copy of this Statement has been mailed to the corporation.

Dated: June 14, 2004.

. CORPORATION SERVICE COMPANY

John H. Pelletier Assistant Vice President

John H. Pelletian

FILED

JUN 14 2004

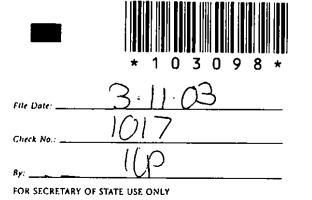
By MMC

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORP	ORATION 1-March 1 •	I ANNUAL REI Filing Fee: \$50.00	ORT FOR THE	YEAR <u>20</u>	<u>03</u>
(FORM MUST BE TYPED OR PRINT)	ED IN BLACK)				
1. Corporate ID No.	2. Name of Corpor				
103098		nancial Group, Inc.			
3. Street Address Principal Business (Office		City	State	Zip
164 Virginia Ave	nue	5. State of Incorporation	Attleboro Falls	MA	02763 6. SIC Code
508 699-2137 2. Brief Description of the Character	of Business Conducted	RHODE ISLAND in Rhode Island			6130
Financial and in 8. NAMES AND ADDRESS President Name		vice to entities a FICERS (*X* BOX FOR ATTACH		FORE USING ATTA	CHMENTS
Paul Teixeira Street Address			None Street Address		
164 Virginia Ave	nue				
City	State	Zip	City	State	Zip
Attleboro Falls Secretary Name	MA	02763	Treasurer Name		
Jane Teixeira Street Address			Paul Teixeira Street Address		
164 Virginia Ave	nue		164 Virginia Aver	nue	
City	State	Zip	City	State	Zip
Attleboro Falls 9. NAMES AND ADDRESS Director Name	MA ES OF THE DIR	02763 ECTORS ("x" BOX FOR ATTA	Attleboro Falls CHMENT) FILLIN SPACES 1 Director Name	MA BEFORE USING AT	02763 FACHMENTS
Paul Teixeira			Street Address		•
164 Virginia Ave	חוופ				
City	State	Zip	City	State	Zip
Attleboro Falls Director Name	MA	02763	Director Name		2.4
Jane Teixeira					
Street Address			Street Address		
164 Virginia Ave	nue				
City	State	Zip	City	State	Zip
Attleborn Falls	MA	02763			•
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT		11. SHARES ISSUED (*x*	BOX FOR ATTACHMEN	IT)
Number of Shares	Class/Series	Par Value	Number of Shares	Cluss/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

1,000



8,000 NO PAR VALUE

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Common stock

no par

that all statements contained herein are to	rue and correct.
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The same of the sa	
Signature of Officer (10, × 11, ×	
Signature of Officer	Date

_		Pa	aul	Te	ixeira
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Print or Type Name of Officer

President

Title of Officer **₹**

Form 630 12/02



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

107-222-3040
STOP PLEASE READ INSTRUCTIONS

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(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No.	2. Name of Corpo			•	
103098	Teixeira	Financial Group,	Inc. (f/k/a Gai	teway Financial	Services, Inc.
3. Street Address Principal Business	Office	• •	City	State	Zip
164 Virginia Ave	nue		Attleboro Falls	s MA	02763
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(508) 699-2137 7. Brief Description of the Character	of Business Conducted	Rhode Isla	nd		6130
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Paul Teixeira			None Street Address		
164 Virginia Aver					
•	State	Zip	City	State	Zip
Attleboro Falls Secretary Name	MA	02763	Treasurer Name		
Jane Teixeira Street Address 1644 Virginia Aven	nue		Paul Teixeira Sgeet Address 1542 Virginia Ave	nue	
City	State	Zip	City	State	Zip
Attleboro Falls 9. NAMES AND ADDRESS Director Name	MA ES OF THE DIR	02763 ECTORS (*x* box for atta		MA S BEFORE USING ATTA	02763
Paul Teixeira			Director Name		
Street Address			Street Address		
162 Virginia Aven	me		•		
City	State	Zip	: : Clty	State	Zip
Attleboro Falls	MA	02763	·	5	Zip
Director Name			Director Name	• • • • • • • • • • • • • • • • • • • •	
Jane Teixeira Street Address			Street Address		
162 Virginia Aven	110		PILLET MODIETT		
City	State	Zip	City	State	77-
Attleboro Falls	MA	02763		Jiute	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES		ICHMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	ESSUEED SHARES		
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8,000 No par value	e		1,000	Common Stoc	k -0-

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	4-12-62
'lle Date:	
Theck No.:	8796
у:	2.
OR SECRETARY OF	STATE USE ONLY

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.

Signature of Officer		
Signature of Officer	Date	

Paul Taireaine	
Paul Teixeira	<u> </u>
Print or Type Name of Officer	

Time of Type Rame of Chile	er -
<u>P</u> resident	
Title of Officer	

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLA	ick)				
1. Corporate ID No.	2. Name of Corporati	ion			<u></u>
103098 3. Street Address Principal Business	Gateway Fir	nancial Services	Inc.	State	Zip
164 Virginia Aven	nue	5. State of Incorporation	Attleboro Falls	MA	02763 6. SIC Code
(508) 699-2137		Rhode	Island		6130
7. Brief Description of the Character					
Financial and inv	restment advic	e to entities an	d individuals		
8. NAMES AND ADDRES President Name	SES OF THE OFFIC	CERS ("X" BOX FOR ATTACE	HMENT) FILL IN SPACES BEI Vice President Name	FORE USING ATTA	CHMENTS
Paul Teixeira			NONE		
Street Address			Street Address		
164 Virginia Aven	iue				
City	State	Zip	Clly	State	ZIp
Attleboro Falls	MA	02763			
Secretary Name			Treasurer Name	• • • • • •	
Jane Teixeira			Paul Teixeira		
Street Address			Street Address		
162 Virginia Aven	ue		164 Virginia Avenu	1 e	
City	State	Zip	City	State	Zip
Attleboro Falls	MA	02763	Attleboro Falls	MA	02763
9. NAMES AND ADDRES Director Name	SES OF THE DIRE	CTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES B Director Name	EFORE USING AT	FACHMENTS
Paul Teixeira			Jane Teixeira		
Street Address			Street Address		
162 Virginia Aven	ue		162 Virginia Aver	lue	
City	State	Zip	City	State	Zip
Attleboro Falls Director Name	MA	02763	Attleboro Falls Director Name	, MA .	02763
Street Address			Street Address		
City	State	Zip	City	State	Zip
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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File Date: _	100	
Check No.: _	7179	
By:	7	
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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.

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Signature of Officer	Date	

<u>Paul</u>	Teixeira	
Print or	Type Name of Officer	

President

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January	1-March 1 •	Filing Fee: \$50.00		<u> </u>	l'IN
(FORM MUST BE TYPED IN BLA	ick)				
1. Corporate ID No.	2. Name of Corpo	rotion			
103098	Gateway	Financial Services	Inc.		
3. Street Address Principal Business	Office		City	State	Zip
164 Virginia Ave 4. Business Phone No.	nue	5. State of Incorporation	Attleboro Falls	MA	02763 6. SIC Code
(508) 699-2137 7. Brief Description of the Character	of Business Conducted	RHODE ISLAND in Rhode Island			6130
Financial and in B. NAMES AND ADDRES President Name	vestment ad SES OF THE OFF	vice to entities at TCERS ("x" BOX FOR ATTACH	nd individuals MENT) X FILL IN SPACES BE Vice President Name	FORE USING ATTACHN	1ENTS
Paul Teixeira Street Address			None Street Address		
164 Virginia Ave	nue State	Zip	City	State	Zip
Attleboro Falls eccetary Name	MA MA	02763	Treasurer Name		
Jane Teixeira			Paul Teixeira Street Address		
164 Virginia Ave	nue State	Zip	164 Virginia Ave	nue State	Zip
Attleboro Falls P. NAMES AND ADDRESS Director Name	MA SES OF THE DIR	02763 ECTORS ("X" BOX FOR ATTAC	Attleboro Falls CHMENT) FILL IN SPACES F Director Name	MA BEFORE USING ATTACE	02763 IMENTS
Paul Teixeira treet Address			Jane Teixeira Street Address		
16 % Virginia Ave	nue State	Zip	16 Virginia Aver	nue State	Zip
Attleboro Falls Mirector Name	MA	02763	Attleboro Falls Director Name	MA	02763
treet Address			Street Address	,	
ity .	State	ZIp	City	State	Zip
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umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8.000 NO PAR VALL	IE				

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 0 3 0 9 8 *
File Date:	3/16/00
Check No.:	5635
By:	Ca
	OF STATE USE ONLY

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.

-0-

Signature of Officer (Mix	eira 0/-12-00
Signature of Officer (Date
Paul Teixeira	

Print or Type Name of Officer

President
Title of Officer

GATEWAY FINANCIAL SERVICES, INC.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

ITEM NO. 8

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Assistant Treasurer

Jane Teixeira 164 Virginia Avenue Attleboro Falls, MA 02763

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

KOFII CORPORATION	ANNUAL REPORT	FOR THE	YEAR 79
lling Period: January 1-March 1 •			

(FORM MUST BE TYPED IN BLAC	ĸ				
1. Corporate ID No.	2. Name of Corporation	on		• • -	
103098	Gateway Fina	ncial Services Inc.			
3. Street Address Principal Business O	* *		City	State	ZIP
162 Virginia Ave	nue		Attleboro Falls	MA	02763
4. Business Phone No.	•	5. State of Incorporation			6. SIC Code
(508) 699-2137		RHODE ISLAND			6130
7. Brief Description of the Character o					•
Financial and in	vestment adv	ice to entities	and individuals		
8. NAMES AND ADDRESS	ES OF THE OFFIC	ERS ("X" BOX FOR ATTACI	HMENT) 🗙 FILL IN SPACES BEI	FORE USING ATTACE	IMENTS
President Name			Vice President Name		
Paul Teixeira			None		
Street Address			Street Address		• •
162 Virginia Ave	nue				
City	State	Zip	City	State	Zip
Attleboro Falls	MA	02763			
Secretary Name		• • •••	Treasurer Name	• ••••••••••	
Jane Teixeira			Paul Teixeira		
Street Address			Street Address	-	
162 Virginia Ave	nue		162 Virginia Ave	enue	
City	State	Zip	City	State	Zip
Attleboro Falls	MA	02763	Attleboro Falls	^I MA	02763
9. NAMES AND ADDRESS	ES OF THE DIREC	CTORS (*X* BOX FOR ATTY	CHMENT) TILL IN SPACES B	EFORE USING ATTA	CHMENTS
Director Name			Director Name	- 	
Paul Teixeira			Paul Teixeira		
Street Address			Street Address		
162 Virginia Ave	nue		_ 162 Virginia Ave	enue	
City	State	· Zip	City	State	Zip
Attleboro Falls	MA	02763	Attleboro Falls	MA	02763
Director Name			Director Name		
				_	
Street Address			Street Address	•	· - -
			<u>.</u>		
City	State	Zip	City	State	Zip
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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8,000 NO PAR VALUE			none		
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This report must be signed	d in ink by eithe	er the President Vice I	President, Secretary, Assista	nt Secretary Treasu	rer Receiver or Trustee
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File Date:	Jeb 4 1019
Check No.:	4 4312
Ву:	20. 1m
FOR SECRETARY	OF STATE USE ONLY

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.



Paul Teixeira Print or Type Name of Officer

President

Title of Officer

GATEWAY FINANCIAL SERVICES, INC.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

ITEM NO. 8

Assistant Treasurer

Jane Teixeira 162 Virginia Avenue Attleboro Falls, MA 02763