RI SOS Filing Number: 202192055530 Date: 2/18/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
FEB 18 2021
B 821 05

1. Entity ID Number	2. Exact name of the Corporation			
148949	Gil Teixeira D.O., Inc.			
3. Principal Office Address		City	State	Zip
c/o Gaschen Law Offices, 180 Little Pond County Road		Cumberland	RI	02864-2824
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621111	Medical Practice			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Gilbert Teixeira			Vice-President Name:		
Street Address: 400 Massasoit Avenue, Suite 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, Suite 300			Street Address: 400 Massasoit Avenue, Suite 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 ☐

Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

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 ☐

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	Date
Gilbert Teixeira	2/30/21
Signature of Authorized Representative	

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

FORM 630 - Revised: 08/2020