RI SOS Filing Number: 202105313300 Date: 11/23/2021 4:00:00 PM



State of Rhode Island

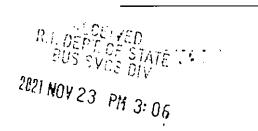
Department of State - Business Services Division

Annual Report for the year: 2021 **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.



1. Entity ID Number 00796488		2. Exact name of the Limited Liability Company TEIXEIRA, LLC				
3. NAICS Code 621111		Brief description of the character of business conducted in Rhode Island PHYSICIANS OFFICE				
5. State of Formation RI						
6. Principal Office Address 400 Massasoit Avenue			City East Providence	State RI	Zip 02914	
7. Mailing Address of Limited I	Liability Compan	y and Name or Tit	le of Contact Person			
Contact Name Francis A. Gaschen			Contact Title Registered Agent			
Street Address 180 Little Pond County Road			City Cumberland	State RI	^{Zip} 02864	
8. List ALL managers (names		of the Limited Lia	bility Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS	
Manager Name Gilbert Teixeira			Manager Name			
Street Address 400 Massasoit Avenue			Street Address			
City East Providence	State RI	^{Zip} 02914	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
9 The Resident Agent informa	ation currently of	record with the R	Department of State is accur	rate. Changes requir	re filing Form 642.	
Under penalty of perjury, I d statements, and that all stat				g any accompanyir	ng schedules and	
Name of Authorized Person				Date	Date	
Gilbert Teixeira				November 17, 2021		
Signature of Authorized Perso	tes	9	. (

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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