



State of Rhode Island
Department of State - Business Services Division

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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		4. 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 Liability Company and Name or Title 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 and addresses) of the Limited Liability Company, IF APPLICABLE - 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	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9 The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person Gilbert Teixeira				Date November 17, 2021	
Signature of Authorized Person					

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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