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Department of State - Business Services Division

Annual Report for the year: 2022 Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 00796488	2. Exact name of the Limited Liability Company TEIXEIRA, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
621111	PRACTICE OF MEDICINE					
5. State of Formation RI						
6. Principal Office Address		City	State	Zip		
400 MASSASOIT AVENUE		EAST PROVIDENCE	RI	02914		
7. Mailing Address of Limited	Liability Company and Name or Titl	e of Contact Person				
Contact Name FRANCIS A. GASCHEN		Contact Title LEGAL COUNSEL				
Street Address 180 LITTLE POND COUNTY ROAD		City CUMBERLAND	State RI	^{Zip} 02864		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
	declare and affirm that I have examents contained herein are true		accompanyin	g schedules and		
Name of Authorized Person			Date			
FRANCE	A GASCHE	'SV	4-14-22			
Signature of Authorized Person		Faschen	1			

MAIL TO:

Division of Business Services

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

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