



State of Rhode Island
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 APR 21 P 3 4b

Annual Report for the year: 2023
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.

1. Entity ID Number 00796488		2. Exact name of the Limited Liability Company TEIXEIRA, LLC	
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island LESSOR OF MEDICAL OFFICES	
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 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.			
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 Person GILBERT TEIXEIRA		Date 4-12-23	
Signature of Authorized Person 			

FILED

APR 21 2023
 BY ML 127

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