



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

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

1. Entity ID Number 154597		2. Exact name of the Corporation PASCARELLA & GILL, P.C.			
3. Principal Office Address 200 Centerville Road - Suite 6		City Warwick		State RI	Zip 02886
4. NAICS Code 54 - Professional, Scientific, and	6. Brief description of the character of business conducted in Rhode Island Certified Public Accountants and Licensed Public Accountants				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen E. Pascarella II			Vice-President Name None		
Street Address 200 Centerville Road, Suite 6			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Lisa F. Gill			Treasurer Name Lisa F. Gill		
Street Address 200 Centerville Road - Suite 6			Street Address 200 Centerville Road - Suite 6		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		CLASS/SERIES			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		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 Stephen E. Pascarella II				Date JAN 27 2017/12/17	
Signature of Authorized Representative 				SIGN DOCUMENT HERE 4225	