



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. ID No.** 001747849

**2. Exact Name of the Limited Liability Company** Pasquale G. Tolomeo DDS, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621111

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

ORAL SURGEON PERFORMING DENTAL EXTRACTIONS AND MAXILLOFACIAL RECONSTRUCTION

**5. Principal Office Address**

No. and Street: 4000 CHAPEL VIEW BLVD  
SUITE 200

City or Town: CRANSTON

State: RI Zip: 02920 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: PASQUALE TOLOMEO Contact Title: PRESIDENT

No. and Street: 34 CAPTAIN JOHN JACOBS ROAD  
APT 403

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

PASQUALE G. TOLOMEO, DDS 4000 CHAPEL VIEW BOULEVARD SUITE 200 CRANSTON , RI  
02920

**8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 26 Day of March, 2023 at 4:58:01 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By PASQUALE G TOLOMEO  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2023 State of Rhode Island  
All Rights Reserved