State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
Corporation

→ 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	2. Exact name of the Corporation			
154597	PASCARELLA & GILL, P.C.			
3. Principal Office Address		City	State	Zip
200 CENTERVILLE ROAD SUITE 6		WARWICK	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541211	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 ☐

President Name	Street Address	City	State	Zip
STEPHEN E. PASCARELLA II	200 CENTERVILLE ROAD SUITE 6	WARWICK	RI	02886

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
LISA F. GILL	200 CENTERVILLE ROAD SUITE 6	WARWICK	RI	02886

Treasurer Name	Street Address	City	State	Zip
LISA F. GILL	200 CENTERVILLE ROAD SUITE 6	WARWICK	RI	02886

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	COMMON	NO PAR
Changes require an additional filing.			

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	Date
STEPHEN E. PASCARELLA II	2/22/24

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
FEB 27 2024
BY MI 4KXCJ

FORM 630- Revised. 12/2023