



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 03 2025 TAMP

BY 6459

PA

1. Entity ID Number <b>154597</b>		2. Exact name of the Corporation <b>PASCARELLA &amp; GILL, PC</b>			
3. Principal Office Address <b>200 CENTERVILLE ROAD SUITE 6</b>			City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>541211</b>		6. Brief description of the character of business conducted in Rhode Island <b>CERTIFIED PUBLIC ACCOUNTANTS AND LICENSED PUBLIC ACCOUNTANTS</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>STEPHEN E. PASCARELLA II</b>			Vice-President Name		
Street Address <b>200 CENTERVILLE ROAD SUITE 6</b>			Street Address		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City	State	Zip
Secretary Name <b>LISA F. GILL</b>			Treasurer Name <b>LISA F. GILL</b>		
Street Address <b>200 CENTERVILLE ROAD SUITE 6</b>			Street Address <b>200 CENTERVILLE ROAD SUITE 6</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			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			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIFS		
			PAR VALUE		
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 <b>STEPHEN E. PASCARELLA II</b>					Date <b>1/31/25</b>
Signature of Authorized Representative 					

MAIL TO:  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)