



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 788114		2. Exact name of the Corporation Pinnacle PEO Corporation			
3. Principal office address 9311 San Pedro Ave., Suite 700			City San Antonio	State TX	Zip 78216
4. Business Phone No. (210) 344-2088		5. State of Incorporation Texas			
6. Brief description of the character of business conducted in Rhode Island Payroll processing and Human Resources service					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Albert Martinez			Vice-President Name N/A		
Street Address 9311 San Pedro Ave., Suite 700			Street Address		
City San Antonio	State TX	Zip 78216	City	State	Zip
Secretary Name Albert Martinez			Treasurer Name Albert Martinez		
Street Address 9311 San Pedro Ave., Suite 700			Street Address 9311 San Pedro Ave., Suite 700		
City San Antonio	State TX	Zip 78216	City San Antonio	State TX	Zip 78216
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Albert Martinez			Director Name		
Street Address 9311 San Pedro Ave., Suite 700			Street Address		
City San Antonio	State TX	Zip 78216	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	Common	0

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

FILED

FEB 25 2015

300019624

Albert Martinez

Signature of Authorized Representative

02/17/2015

Date

Albert Martinez - President/CEO

Print or Type Name of Authorized Representative