



**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. <b>000149616</b>		2. Exact name of the Corporation <b>PINNACLE RECOVERY, INC.</b>		
3. Principal office address <b>2774 GATEWAY RD.</b>		City <b>CARLSBAD</b>	State <b>CA</b>	Zip <b>92009</b>
4. Business Phone No. <b>760.929.6685</b>		5. State of Incorporation <b>CALIFORNIA</b>		
6. Brief description of the character of business conducted in Rhode Island <b>THIRD PARTY DEBT COLLECTIONS</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
President Name <b>MARGARET EARDLEY</b>		Vice-President Name <b>TIFFANY SISTANI</b>		
Street Address <b>2774 GATEWAY RD.</b>		Street Address <b>2774 GATEWAY RD.</b>		
City <b>CARLSBAD</b>	State <b>CA</b>	Zip <b>92009</b>	City <b>CARLSBAD</b>	State <b>CA</b>
Secretary Name <b>MARGARET EARDLEY</b>		Treasurer Name <b>DAVID OAS</b>		
Street Address <b>2774 GATEWAY RD.</b>		Street Address <b>2774 GATEWAY RD.</b>		
City <b>CARLSBAD</b>	State <b>CA</b>	Zip <b>92009</b>	City <b>CARLSBAD</b>	State <b>CA</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
Director Name <b>DAVID OAS</b>		Director Name <b>NONE</b>		
Street Address <b>2774 GATEWAY RD.</b>		Street Address		
City <b>CARLSBAD</b>	State <b>CA</b>	Zip <b>92009</b>	City	State
Director Name <b>NONE</b>		Director Name <b>NONE</b>		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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
		10,000,000	CWP	\$0.0001

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.

Signature of Authorized Representative *Margaret Eardley* Date **02/19/2015**

**MARGARET EARDLEY**  
 Print or Type Name of Authorized Representative

**FILED**  
**FEB 25 2015**  
*0078910*