



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

<b>1. Entity ID Number</b> 1669135	<b>2. Exact name of the Corporation</b> Pinnacle Discount Center, Inc.		
<b>3. Principal Office Address</b> 55 Electronics Drive		<b>City</b> Warwick	<b>State</b> RI
		<b>Zip</b> 02888	
<b>4. NAICS Code</b> 44-45 - Retail Trade	<b>6. Brief description of the character of business conducted in Rhode Island</b> <i>Resale of Electronic and General Merchandise</i>		
<b>5. State of Incorporation</b> Rhode Island			

<b>President Name</b> William Tordoff			<b>Street Address</b> 530 Spring Lake Road			<b>City</b> Glendale			<b>State</b> RI			<b>Zip</b> 02826		
<b>Secretary Name</b> William Tordoff			<b>Treasurer Name</b> William Tordoff			<b>Street Address</b> 530 Spring Lake Road			<b>City</b> Glendale			<b>State</b> RI		
			<b>Street Address</b> 530 Spring Lake Road			<b>City</b> Glendale			<b>State</b> RI			<b>Zip</b> 02826		

<b>8. List ALL directors (names and addresses)</b>												Check the box to indicate an attachment <input type="checkbox"/>			
<b>Director Name</b>						<b>Director Name</b>									
<b>Street Address</b>						<b>Street Address</b>									
<b>City</b>				<b>State</b>		<b>Zip</b>		<b>City</b>				<b>State</b>		<b>Zip</b>	
<b>Director Name</b>						<b>Director Name</b>									
<b>Street Address</b>						<b>Street Address</b>									
<b>City</b>				<b>State</b>		<b>Zip</b>		<b>City</b>				<b>State</b>		<b>Zip</b>	

<b>9. Shares Authorized</b>			<b>10. Shares Issued</b>			Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES		PAR VALUE			
			600	Common		No 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.**

<b>Name of Authorized Representative</b> William Tordoff, President		<b>Date</b> 01/27/17
<b>Signature of Authorized Representative</b> <i>William Tordoff</i>		<b>FILED</b>

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

**FEB 15 2017**  
 BY 1001  
 LD

FORM 630 - Revised: 10/2016