



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.

1. Entity ID Number 130478		2. Exact name of the Corporation PIMENTEL CONSULTING, INC.			
3. Principal Office Address 26 AVON ROAD		City CRANSTON		State RI	Zip 02905
4. NAICS Code 54 - Professional, Scientific, an		6. Brief description of the character of business conducted in Rhode Island CONSULTING SERVICE IN LAND USE AND DEVELOPMENT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EDWARD PIMENTEL			Vice-President Name HEIDI F. PIMENTEL		
Street Address 26 AVON ROAD			Street Address 26 AVON ROAD		
City CRANSTON		State RI	Zip 02905	City CRANSTON	
State RI		Zip 02905		State RI	
Zip 02905		Secretary Name HEIDI F. PIMENTEL			
Treasurer Name EDWARD PIMENTEL					
Street Address 26 AVON ROAD			Street Address 26 AVON ROAD		
City CRANSTON		State RI	Zip 02905	City CRANSTON	
State RI		Zip 02905		State RI	
Zip 02905		8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name HEIDI F. PIMENTEL			Director Name EDWARD PIMENTEL		
Street Address 26 AVON ROAD			Street Address 26 AVON ROAD		
City CRANSTON		State RI	Zip 02905	City CRANSTON	
State RI		Zip 02905		State RI	
Zip 02905		Director Name NONE			
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		9. Shares Authorized			
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
200		COMMON		NO PAR VALUE	
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 EDWARD PIMENTEL				Date 2/28/17	
Signature of Authorized Representative <i>Edward Pimentel</i>					

SIGN DOCUMENT **FILED** *SV*

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

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