



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

Annual Report for the year: 2018
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 1669135		2. Exact name of the Corporation Pinnacle Discount Center, Inc.			
3. Principal Office Address 55 Electronics Drive		City Warwick		State RI	Zip 02888
4. NAICS Code 443142	6. Brief description of the character of business conducted in Rhode Island Resale of Electronics.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William Tordoff			Vice-President Name Douglas W. Black		
Street Address 530 Spring Lake Road			Street Address 341 Thames Street # 103S		
City Glendale	State RI	Zip 02826	City Bristol	State RI	Zip 02809
Secretary Name William Tordoff			Treasurer Name William Tordoff		
Street Address 530 Spring Lake Road			Street Address 530 Spring Lake Road		
City Glendale	State RI	Zip 02826	City Glendale	State RI	Zip 02826
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William Tordoff			Director Name		
Street Address 530 Spring Lake Road			Street Address		
City Glendale	State RI	Zip 02826	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
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.					
Name of Authorized Representative William Tordoff, President				Date 3/1/18	
Signature of Authorized Representative <i>William Tordoff</i>				SIGN DOCUMENT HERE FILED	

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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