



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

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FOR  
SECRETARY OF STATE  
USE ONLY

Annual Report for the year: **2017**

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

|                                                                                                                                                                                                      |       |                                                                                                  |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>1663382</b>                                                                                                                                                                |       | 2. Exact name of the Limited Liability Company<br><b>Pinnacle Performance, LLC</b>               |                    |
| 3. NAICS Code<br><b>541090</b>                                                                                                                                                                       |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Consulting</b> |                    |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                         |       |                                                                                                  |                    |
| 6. Principal Office Address<br><b>P.O. Box 843</b>                                                                                                                                                   |       | City<br><b>East Greenwich</b>                                                                    | State<br><b>RI</b> |
|                                                                                                                                                                                                      |       | Zip<br><b>02818</b>                                                                              |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                  |                    |
| Contact Name<br><b>Jeremy Doran</b>                                                                                                                                                                  |       | Contact Title<br><b>Member</b>                                                                   |                    |
| Street Address<br><b>P.O. Box 843</b>                                                                                                                                                                |       | City<br><b>East Greenwich</b>                                                                    | State<br><b>RI</b> |
|                                                                                                                                                                                                      |       | Zip<br><b>02818</b>                                                                              |                    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |       |                                                                                                  |                    |
| Manager Name                                                                                                                                                                                         |       | Manager Name                                                                                     |                    |
| Street Address                                                                                                                                                                                       |       | Street Address                                                                                   |                    |
| City                                                                                                                                                                                                 | State | Zip                                                                                              | City               |
|                                                                                                                                                                                                      |       |                                                                                                  | State              |
|                                                                                                                                                                                                      |       |                                                                                                  | Zip                |
| Manager Name                                                                                                                                                                                         |       | Manager Name                                                                                     |                    |
| Street Address                                                                                                                                                                                       |       | Street Address                                                                                   |                    |
| City                                                                                                                                                                                                 | State | Zip                                                                                              | City               |
|                                                                                                                                                                                                      |       |                                                                                                  | State              |
|                                                                                                                                                                                                      |       |                                                                                                  | Zip                |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                     |       |                                                                                                  |                    |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 842.                                                            |       |                                                                                                  |                    |
| 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 Person<br><b>Jeremy Doran</b>                                                                                                                                                     |       | Date<br><b>03/12/2018</b>                                                                        |                    |
| Signature of Authorized Person<br>                                                                                                                                                                   |       | SIGN DOCUMENT HERE                                                                               |                    |

MAIL TO:

Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

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