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

Annual Report for the year:

2020

→ Filing penod: January 1 - March 1

→ Filing Fee: \$50.00

Corporation

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

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•	DEPT OF STATE
SECRETARY OF STAT CORPORATIONS DIV	P

2020 MAR 10 AM 8: 19

Entity ID Number	2. Exact name of	the	Corporation			/*/	-			
000608943	PINNACLE	: C	ONSTRUCTION	I. INC.						
Principal Office Address					City			Zıp		
PO BOX 368					OOD	'	State			
4. NAICS Code	6. Brief description	on of	the character of busin							
236200										
State of Incorporation	1									
'	CONCEDU	mT	ON							
IA	CONSTRUC	<u>, l l</u>	ON		05.	ale tha base	۔ نمونامد: دف	ottochmont		
7. List ALL officers (names and addresses) President Name				Check the box to indicate an attachment Vice-President Name						
			GREG ESTERLING							
VONNIE ESTERLING Street Address				Street Address						
57301 220TH				57301 220TH						
City	State	Zip		City		State		Zıp		
GLENWOOD	IA	5	1534	GLENW	door	l IA		51534		
Secretary Name	1	1 1 3133.			Treasurer Name					
•										
Street Address				Street Address						
City	State	Zip		City		State		Zip		
<u> </u>	1	<u> </u>			201	<u> </u>				
8. List ALL directors (names and	addresses)			15		eck the box	to indical	e an attachment	Шi.	
Director Name				Director Na	me					
Street Address				Street Address						
City	State	State Zip		City		State		Zip		
Director Name				Director Name						
Street Address				Street Address						
Sileet Address				Street vontage						
City	State Z		· · · · · · · · · · · · · · · · · · ·	City		State	I	Zip		
		1_				l				
9. Shares Authorized			10. Shares Issued		Chi	eck the box	to indica	te an attachment		
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE				
		16356		COMMON		1				
Changes require an additional	filing.									
11. This report must be executed	on behalf of the cor	pora	tion by an authorized r	epresentative	If the corporation is in	n the hands	s of a rece	eiver or		
trustee, this report must be execu	uted on behalf of the	con	poration by the receive	r or trustee.						
Under penalty of perjury, I	declare and affii	m ti	hat I have examine	d this repo	rt, including any a	ccompan	ying sc	hedules and		
statements, and that all sta	tements contair	red i	herein are true and	i correct.						
Name of Authorized Representative Colored						Date 53-01-10				
Signature of Authorized Represe	ntative	7								
VONNIE ESTERLIN	<u> </u>	\not			- FILED					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov MAR 3 1 2020 10:30 KL F10F0