RI SOS Filing Number: 202037018340

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

Date: 3/31/2020 10):19:00 AM
sion	RI DEPT. OF SIAM
	BUS SVCS STAPEP

Entity ID Number	2. Exact nar	2. Exact name of the Corporation						
000608943	Pinnacle	Pinnacle Construction Inc						
3. Principal Office Address		_	City	City		Zip		
PO Box 368 22060 221st Stre	et		Glenwood		IA	51534		
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island						
236200	Construction	ÒN						
5. State of Incorporation						,		
1A								
7. List ALL officers (names and	addresses)			Chec	ck the box to in	dicate an attachment		
President Name Vonnie Esterling			Vice-President Name Greg Esterling					
Street Address 57301 220th Street			Street Address	Street Address 57301 220th Street City Glenwood State IA Zip 51534				
City Glenwood	State IA	^{Zip} 51534	City Glenwoo	City Glenwood		^{Zip} 51534		
Secretary Name			Treasurer Nan	Treasurer Name				
Street Address		Street Address						
City	State	Zip	City		State	Zip		
8. List ALL directors (names and	d addresses)			Che	ck the box to in	idicate an attachment		
Director Name		Director Name						
Street Address		Street Address						
City	State	Zıp	City		State	Zip		
Director Name		•	Director Name	!		1		
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
9. Shares Authorized		10. Shares Is:				dicate an attachment		
This information is currently of record in the Department of State.		NUMBER C	OF SHARES	CLASS/SEF	RIES	PAR VALUE		
, i		16356		Common		1 1		
Changes require an additional fili	ing.							
11. This report must be execute	d on behalf of the	corporation by an	authorized repres	sentative. If the cor	poration is in the	ne hands of a receiver or		
trustee, this report must be executively the trustee, this report must be executively the trustee the	cuted on behalf o	f the corporation by	the receiver or tr	ustee.				
statements, and that all states	<u>ments contained</u>					<u> </u>		
Name of Authorized Representa	·					Date		
Vonnie Esterling					03/27/20			
Signature of Authorized Repres	entative	shyles	miles	tener				
MAIL TO:			FII FIT					

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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FORM 630 - Revised: 10/2017