



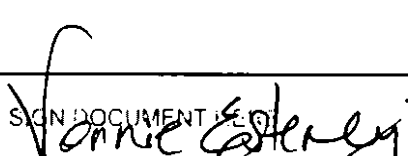
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV.

2020 MAR 31 AM 13

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 <b>000608943</b>		2. Exact name of the Corporation <b>Pinnacle Construction Inc</b>			
3. Principal Office Address <b>PO Box 368 22060 221st Street</b>		City <b>Glenwood</b>		State <b>IA</b>	Zip <b>51534</b>
4. NAICS Code <b>236200</b>		6. Brief description of the character of business conducted in Rhode Island <b>Construction</b>			
5. State of Incorporation <b>IA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Vonnie Esterling</b>			Vice-President Name <b>Greg Esterling</b>		
Street Address <b>57301 220th Street</b>			Street Address <b>57301 220th Street</b>		
City <b>Glenwood</b>	State <b>IA</b>	Zip <b>51534</b>	City <b>Glenwood</b>	State <b>IA</b>	Zip <b>51534</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			<b>16356</b>	<b>Common</b>	<b>1</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Vonnie Esterling</b>				Date <b>03/27/20</b>	
Signature of Authorized Representative 					

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

FILED

MAR 31 2020 10:17

KL F1ØFØ

FORM 630 - Revised: 10/2017