RI SOS Filing Number: 202037019860

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

RECEIVED R.I. DEPT. OF STATE BUS SYES, DIV.

Date: 3/31/2020 10:16:00 AM

2020 MAR 31 A 10: 13

Annual Report for the year: 2016 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	2. Exact nam	2. Exact name of the Corporation					
000608943	Pinnacle	Pinnacle Construction Inc					
Principal Office Address			City		State	Zip	
PO Box 368 22060 221st Street			Glenwood	l	IA	51534	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island					
236200	Construction	Construction					
5. State of Incorporation	$\dashv$						
IA							
7. List ALL officers (names an	d addresses)			Chec	k the box to indic	ate an attachment	
President Name Vonnie Ester	Vice-President Name Greg Esterling						
Street Address 57301 220th St	Street Address 57301 220th Street						
City Glenwood	State IA	<sup>Zip</sup> 51534	City Glenwood State		State IA	<sup>Zıp</sup> 51534	
Secretary Name			Treasurer Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
8. List ALL directors (names a	nd addresses)			Chec	k the box to indic	ate an attachment	
Director Name			Director Nam	ne		<u> </u>	
Street Address	Street Address						
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
Shares Authorized		10. Shares Iss	10. Shares Issued		Check the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES PAR VALUE			
		16356		Common	1		
				<del>-</del>			
11. This report must be execut	ted on behalf of the	corporation by an a	authorized repre	sentative If the corr	oration is in the	hands of a receiver or	
<u>trustee, this report must be ex</u>	<u>ecuted on behalf of</u>	the corporation by	the receiver or t	trustee.			
Under penalty of perjury, I d statements, and that all stat	ements contained	hat I have examin herein are true ar	ed this report, d correct.	including any acco	mpanying sche	dules and	
Name of Authorized Represen		Date					
Vonnie Esterling				03/27/20			
Signature of Authorized Repre	esentative	Systic	CUMERT HERI	Jenes .			
	-	<del></del>		<del></del>			

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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FORM 630 - Revised: 10/2017