



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 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<br><b>000608943</b>   |                    | 2. Exact name of the Corporation<br><b>Pinnacle Construction Inc</b>                               |   |                         |                     |
| 3. Principal Office Address<br><b>PO Box 368 22060 221st Street</b>   |                    |  | City<br><b>Glenwood</b>   | State<br><b>IA</b>      | Zip<br><b>51534</b> |
| 4. NAICS Code<br><b>236200</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Construction</b> |   |                         |                     |
| 5. State of Incorporation<br><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<br><b>Vonnie Esterling</b>   |                    |  | Vice-President Name<br><b>Greg Esterling</b>  |                         |                     |
| Street Address<br><b>57301 220th Street</b>   |                    |  | Street Address<br><b>57301 220th Street</b>   |                         |                     |
| City<br><b>Glenwood</b>   | State<br><b>IA</b> | Zip<br><b>51534</b>  | City<br><b>Glenwood</b>   | State<br><b>IA</b>      | Zip<br><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.<br><br>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<br><b>Vonnie Esterling</b>  |                    |  |   | Date<br><b>03/27/20</b> |                     |
| Signature of Authorized Representative<br><i>Vonnie Esterling</i>   |                    |  |   |                         |                     |

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 10:16  
 KL F10F0