RI SOS Filing Number: 202037020370

State of Rhode Island and Providence Plantations

Date: 3/31/2020 10:14:00 AM RECEIVED

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## R.I. DEPT. OF STATE **Department of State - Business Services Division**

Annual Report for the year: 2014

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 nan	2. Exact name of the Corporation					
000608943		Pinnacle Construction Inc					
3. Principal Office Address			City	City		Zip	
PO Box 368 22060 221st Street			Glenwood		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							
IA							
7. List ALL officers (names an	d addresses)	-	<del></del>	Check	the box to inc	dicate an attachment 🗖	
President Name Vonnie Esterling			Vice-President Name Greg Esterling				
Street Address 57301 220th St	Street Address 57301 220th Street						
City Glenwood	State IA	<sup>Zip</sup> 51534	City Glenwoo	od	State IA	<sup>Zip</sup> 51534	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City	<del></del>	State	Zıp	
8. List ALL directors (names a	nd addresses)		1	Chec	k the box to in	dicate an attachment	
Director Name			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	<del> </del>	10. Shares Iss	sued	Checi	k the box to in	dicate an attachment	
This information is currently of record in the Department of State.		NUMBER C	F SHARES	CLASS/SERIES PAR VALUE			
		1635 <del>6</del>	16356			1	
Changes require an additional	filing.						
11. This report must be execu	ted on behalf of the	corporation by an	authorized repres	rentative. If the corp	oration is in th	e hands of a receiver or	
trustee, this report must be ex	ecuted on behalf o	f the corporation by	the receiver or tr	rustee.			
Under penalty of perjury, I o			• •	ncluding any acco	mpanying sc	hedules and	
statements, and that all state		l herein are true ar	nd correct.		In		
Name of Authorized Representative					Date		
Vonnie Esterling				03/27/20			
Signature of Authorized Repre	esentative	Vonn		elei			

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