



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV

2020 MAY 27 PM 12:26

1. Entity ID Number 001671828		2. Exact name of the Corporation Pinnacle Commercial Development Inc												
3. Principal Office Address 3822 River Road - Rear Building			City Pt. Pleasant	State NJ	Zip 08742									
4. NAICS Code 239390 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Commercial General Construction												
5. State of Incorporation NJ														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Michael Kogan			Vice-President Name Dennis Rome											
Street Address 408 Woodland Road			Street Address 692 Schoolhouse Road											
City Pt. Pleasant	State NJ	Zip 08742	City Toms River	State NJ	Zip 08753									
Secretary Name Dennis Rome			Treasurer Name											
Street Address 692 Schoolhouse Road			Street Address											
City Toms River	State NJ	Zip 08753	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name None			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 Check the box to indicate an attachment ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
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100	Common	No Par Value												
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. 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.														
Name of Authorized Representative Lorraine Coyne				Date 5/26/2020										
Signature of Authorized Representative <i>Lorraine Coyne</i>				SIGN DOCUMENT HERE										

FILED 12:28

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAY 27 2020

BY *04B2TN*

FORM 630 - Revised: 02/2017