



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

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1. Entity ID Number <b>001671828</b>		2. Exact name of the Corporation <b>Pinnacle Commercial Development Inc</b>			
3. Principal Office Address <b>3822 River Road - Rear Building</b>		City <b>Pt. Pleasant</b>		State <b>NJ</b>	Zip <b>08742</b>
4. NAICS Code <b>239390</b> <b>23 - Construction</b>		6. Brief description of the character of business conducted in Rhode Island <b>Commercial General Construction</b>			
5. State of Incorporation <b>NJ</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>Michael Kogan</b>			Vice-President Name <b>Dennis Rome</b>		
Street Address <b>408 Woodland Road</b>			Street Address <b>692 Schoolhouse Road</b>		
City <b>Pt. Pleasant</b>	State <b>NJ</b>	Zip <b>08742</b>	City <b>Toms River</b>	State <b>NJ</b>	Zip <b>08753</b>
Secretary Name <b>Dennis Rome</b>			Treasurer Name		
Street Address <b>692 Schoolhouse Road</b>			Street Address		
City <b>Toms River</b>	State <b>NJ</b>	Zip <b>08753</b>	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 <b>None</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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>100</b>	<b>Common</b>	<b>No Par Value</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>Lorraine Coyne</b>					Date <b>5/26/2020</b>
Signature of Authorized Representative <i>Lorraine Coyne</i> <span style="float: right;">SIGN DOCUMENT HERE</span>					

## 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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BY *04B2TN*

FORM 630 - Revised: 02/2017