



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2019**

## 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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R.I. DEPT. OF STATE  
BUS SVCS DIV

2020 MAY 27 PM 12:26

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>238390</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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>100</b></td> <td><b>Common</b></td> <td><b>No Par Value</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>Common</b>	<b>No Par Value</b>			
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<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>				SIGN DOCUMENT HERE <b>12:27</b>										

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**

MAY 27 2020

BY *904132 TN*

FORM 630 - Revised: 02/2017