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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
FEB 01 2021 STAMP
BY FOR

Annual Report for the year: 2021
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 name of the Corporation
1669135	**Pinnacle Discount Center, Inc.**

3. Principal Office Address	City	State	Zip
55 Electronics Drive	**Warwick**	**RI**	**02888**

4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island
44-45 - Retail Trade	**Resale of Electronics.**
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
William Tordoff	**530 Spring Lake Road**	**Glendale**	**RI**	**02826**

Vice-President Name	Street Address	City	State	Zip
Douglas W. Black	**341 Thames Street # 103S**	**Bristol**	**RI**	**02809**

Secretary Name	Street Address	City	State	Zip
William Tordoff	**530 Spring Lake Road**	**Glendale**	**RI**	**02826**

Treasurer Name	Street Address	City	State	Zip
William Tordoff	**530 Spring Lake Road**	**Glendale**	**RI**	**02826**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
William Tordoff	**530 Spring Lake Road**	**Glendale**	**RI**	**02826**

Director Name	Street Address	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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600	**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: **William Tordoff, President**

Date: 01/22/2021

Signature of Authorized Representative: William Tordoff

SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017