



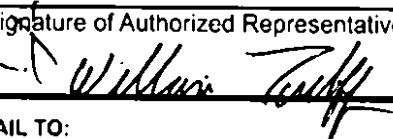
State of Rhode Island
Department of State - Business Services Division

FILED

STAMP
 JAN 31 2023
 BY 3301
 KS

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 1669135		2. Exact name of the Corporation Pinnacle Discount Center, Inc.			
3. Principal Office Address 55 Electronic Drive			City Warwick	State RI	Zip 02888
4. NAICS Code 44312		6. Brief description of the character of business conducted in Rhode Island Resale of Electronics			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William Tordoff			Vice-President Name Douglas W. Black		
Street Address 530 Spring Lake Road			Street Address 341 Thames St., #103S		
City Glendale	State RI	Zip 02826	City Bristol	State RI	Zip 02809
Secretary Name William Tordoff			Treasurer Name William Tordoff		
Street Address 530 Spring Lake Road			Street Address 530 Spring Lake Road		
City Glendale	State RI	Zip 02826	City Glendale	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William Tordoff			Director Name None		
Street Address 530 Spring Lake Road			Street Address		
City Glendale	State RI	Zip 02826	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 600	CLASS/SERIES Common	PAR VALUE 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				Date 01-14-2023	
Signature of Authorized Representative 					

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