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BY

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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	2. Exact name of the Corporation			
001726322	Pinnacle Mortgage Corporation			
3. Principal Office Address		City	State	Zip
835 Hanover Street		Manchester	NH	03104
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
522110	Mortgage Brokerage and Banking Services			
5. State of Incorporation				
NH				

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

President Name: Kurt W. Strandson			Vice-President Name:		
Street Address: 835 Hanover Street, Suite 301			Street Address:		
City: Manchester	State: NH	Zip: 03104	City:	State:	Zip:
Secretary Name: Kurt W. Strandson			Treasurer Name: Kurt W. Strandson		
Street Address: 835 Hanover Street, Suite 301			Street Address: 835 Hanover Street, Suite 301		
City: Manchester	State: NH	Zip: 03104	City: Manchester	State: NH	Zip: 03104

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

Director Name			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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100		No Par Value
Changes require an additional filing.			

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	Date
Kurt W. Strandson	X 2/15/24

Signature of Authorized Representative
X

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 12/2023