RI SOS Filing Number: 202569257310 Date: 4/4/2025 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

FILED
APR 0 4 2025
BY 528

→ Penalty: Additional \$25.								
1. Entity ID Number 130478	L L	2. Exact name of the Corporation PIMENTEL CONSULTING, INC.						
3. Principal Office Address	•		City		State	Zip		
26 Avon Road			Cranston	l	RI	02905		
4. NAICS Code	6. Brief descr	iption of the charac	ter of business o	conducted in Rhode Is	sland			
541330	Consultin	Consulting service in land use and development						
5. State of Incorporation								
RI								
7. List ALL officers (names and	d addresses)				the box to it	ndicate an attachment 🔲		
President Name Edward Pimentel			Vice-President Name Heidi F. Pimentel					
Street Address 26 Avon Road			Street Address 26 Avon Road					
^{City} Cranston	State RI	^{Zıp} 02905	City Cransto			^{Zip} 02905		
Secretary Name Heidi F. Pim	nentel		Treasurer Name Edward Pimentel					
Street Address 26 Avon Road	d		Street Address	Street Address 26 Avon Road				
City Cranston	State RI	^{Zip} 02905	City Cranst	City Cranston		^{Z₁p} 02905		
8 List ALL directors (names a	nd addresses)			Check	the box to i	ndicate an attachment		
Director Name Edward Pimentel			Director Name Heidi F. Pimentel					
	Street Address 26 Avon Road			Street Address 26 Avon Road				
Cranston	State RI	^{Zip} 02905	City Cranston		State RI	^{Zip} 02905		
Director Name None		Director Name None						
Street Address	- -	Street Address						
City	State	Zip	City		State	Zip		
9 Shares Authorized		10. Shares Iss				ndicate an attachment		
This information is currently of Department of State.	record in the	NUMBER OF SHARES		C_ASS/SERIES	i	PAR VALUE		
Changes require an additional filing.		200		Common		No Par Value		
44 Th	·				<u> </u>			
 This report must be execut trustee, this report must be ex 	ted on behalf of the ecuted on behalf of	corporation by an a	iuthorized repres	sentative. If the corpo	ration is in t	the hands of a receiver or		
Under penalty of perjury, I d	eclare and affirm t	hat I have examine	ed this report, i	ncluding any accom	panying s	chedules and		
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date								
Edward Pimentel					Date			
Signature of Authorized Repre	eșentative			<u> </u>	1			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov