State of Rhode Island

Department of State - Business Services Division

FILED
APR 04 2025
BY 1528

Annual Report for the year: 2025

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
130478	PIMENTEL CONSULTING, INC.

3. Principal Office Address	City	State	Zip
26 Avon Road	Cranston	RI	02905

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541330	Consulting service in land use and development
5. State of Incorporation: RI	

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

President Name	Vice-President Name
Edward Pimentel	Heidi F. Pimentel
Street Address: 26 Avon Road	Street Address: 26 Avon Road
City: Cranston, State: RI, Zip: 02905	City: Cranston, State: RI, Zip: 02905
Secretary Name: Heidi F. Pimentel	**Treasurer Name:** Edward Pimentel
Street Address: 26 Avon Road	Street Address: 26 Avon Road
City: Cranston, State: RI, Zip: 02905	City: Cranston, State: RI, Zip: 02905

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

Director Name	Director Name
Edward Pimentel	Heidi F. Pimentel
Street Address: 26 Avon Road	Street Address: 26 Avon Road
City: 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 Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	200	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	Date
Edward Pimentel	

Signature of Authorized Representative

X Edward Pimentel

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: 11/2021