

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011 401.222.30 Filing Period: January 1 - March 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cctd)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 51074	PD MOBIL	2. Name of Corporation PD MOBILE WAREHOUSING, LTD						
3 Street Address Principal Business Office 141 Phenix Avenue			Cuy Cranston	State	<i>Ζφ</i> 0 292 0			
4. Business Phone No. 401-944-0476	1-944-0476 RHODE ISLAND				02920			
 Brief Description of the Charact The acquistion and mana- 	gement of a store	age container business.						
	ES OF THE OFFI	CERS: ("X" BOX FOR ATT	ACHMENT) [FILL IN Vice President Name	SPACES BEFORE USIN	G ATTACHMENTS			
Patricia A. Doyle			Patricia A. Doyle					
ireet Address 33 Calderwood Drive			Street Address 33 Calderwood Drive					
⁽ⁱⁿ⁾ Warwick	State RI	^{Zip} 02886	City Warwick	State RI	zψ 02886			
Patricia A. Doyle			Treasurer Name Patricia A. Doyle					
ireet Address 33 Calderwood Drive			Street Address 33 Calderwood Drive					
Varwick	State RI	<i>z</i> _ψ , 02886	City Warwick	State	Zip			
	I,		: Warwick	RI	102886			
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	500)	\$500 Par Value		
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 truste this report must be executed on behalf of the corporation by the receiver or trustee.						
FILED	U ir	Inder penalty of perjury, I	declare and affirm that I has schedules and statemen	nd affirm that I have examined this report, les and statements, and that all statements		
File DateFEB 1.7 2011	J	prajined herein are true a	nd correct.	3-14-2011		
Check No. BY 13558 By:	F	Patricia A. Doyle	1	Date '		
FOR SECRETARY OF STATE USE ONLY		President				
	Ti	ile		Form 630 Rev. 08/08		