

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

		LE THIS REPORT BY M	IARCH 31 WILL RESU	LT IN A \$25.	00 PENAL	Y FEE.		
1. Entity ID No.	i	2. Exact name of the Corporation PD MOBILE WAREHOUSING, LTD.						
51074								
3. Principal office addres			City CRANSTON	Sta R		Zip 02920		
4. Business Phone No. 401-944-0476			5. State of Incorporation RHODE ISLAND					
6. Brief description of the	character of business	conducted in Rhode Island	d					
The acquisition a	nd management	of a storage contain	er business					
	A	(ESSES) ("X" BOX FOR A	T ACHBENT					
President Name			Vice-President Name					
PATRICIA A. DOYLE			PATRICIA A. DOYLE					
Street Address 33 Calderwood Drive			Street Address 33 Calderwood Drive					
City Warwick	State RI	Zip 02886	City Warwick	Sta R		Zip 02886		
Secretary Name PATRICIA A. DOYLE			Treasurer Name PATRICIA A. DOYLE					
Street Address 33 Calderwood Drive			Street Address 33 Calderwood Drive					
City Warwick	State RI	Zip 02886	City Warwick	Sta R		Zip 02886		
	and Markets are the district of the con-	(ESSES) (FC BOX FOR				44. 25. 14. 14. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17		
Director Name None			Director Name					
Street Address			Street Address					
City	State	Zip	City	Sta	ite	Zip		
Director Name	<u> </u>	Director Name						
Street Address			Street Address					
City	State	Zip	City	Sta	ite	Zip		
9. SHARES AUTHORIZE	30	to the second of the second	10. SHARES ISSUED	"X" BOX FOR	LATTACHM	ENT)		
			NUMBER OF SHARES	CLASS/SERIES		PAR VALUE		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			1000 Shares	Common		NO PAR VALUE		
See Section 9 of Instruc	aun sn ee t.		500			\$500 Par Value		
This report must be exec	cuted on behalf of the this report mu	corporation by an authorize st be executed on behalf of	ed representative. If the co f the corporation by the rec	orporation is in ceiver or truste	the hands of e.	a receiver or trustee,		

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Revised: 01/2012

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JAN 2 8 2014

Form No. 630

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.

ure of Authorized Representative

1/25/14 Date

PATRICIA A. DOYLE

Print or Type Name of Authorized Representative