



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000051074		2. Exact name of the Corporation PD MOBILE WAREHOUSING, LTD.			
3. Principal Office Address 141 Phenix Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 531130		6. Brief description of the character of business conducted in Rhode Island THE ACQUISITION AND MANAGEMENT OF A STORAGE CONTAINER BUSINESS.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PATRICIA A. DOYLE			Vice-President Name PATRICIA A. DOYLE		
Street Address 33 Calderwood Drive			Street Address 33 Calderwood Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	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	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100 Shares	Common	No Par Value
			500		\$500 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 PATRICIA A. DOYLE				Date 1/22/18	
Signature of Authorized Representative <i>Patricia A. Doyle</i>			SIGN DOCUMENT HERE FILED		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
JAN 29 2018
 BY 14552