



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

Annual Report for the year: 2020
Corporation

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

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

1. Entity ID Number 000051074	2. Exact name of the Corporation PD MOBILE WAREHOUSING, LTD.
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3. Principal Office Address 141 Phenix Avenue	City Cranston	State RI	Zip 02920
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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	

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			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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100 SHARES	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 PATRICIA A. DOYLE	Date 2/7/2020
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Signature of Authorized Representative <i>Patricia A. Doyle</i>	FILED	SIGN DOCUMENT HERE KM
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