



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation _____

JAN 15 2021 4:00 PM
 BY 14810

- 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			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
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 1/11/2021	
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov