



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2024**

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 05 2024

[Handwritten signature]

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 Doyle			Vice-President Name Patricia 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 Doyle			Treasurer Name Patricia 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	
		100 Shares		Common	
				PAR VALUE	
				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 1/31/2024	
Signature of Authorized Representative <i>Patricia A. Doyle</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov