



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 **2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 122466		2. Exact name of the Corporation PD COMMERCIAL SELF - STORAGE, LTD.		
3. Principal office address 141 Phenix Avenue		City CRANSTON	State RI	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 The acquisition and management of a storage container business				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR 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
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
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name None		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100 Shares	Common	NO PAR VALUE

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.

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

JAN 28 2014

RV 2025

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.

Patricia A. Doyle 1/25/14
 Signature of Authorized Representative Date

PATRICIA A. DOYLE

Print or Type Name of Authorized Representative