



## Department of State - Business Services Division

Annual Report for the year: **2018**  
Corporation

→ Filing period: January 1 - March 1

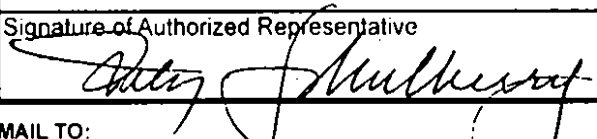
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED** **STAMP**

DEC 26 2017

BY WVS

1. Entity ID Number <b>000089335</b>		2. Exact name of the Corporation <b>PDKM Enterprises, Inc.</b>			
3. Principal Office Address <b>29 Rimwood Drive</b>		City <b>Smithfield</b>		State <b>RI</b>	Zip <b>02917</b>
4. NAICS Code <b>541611</b>		6. Brief description of the character of business conducted in Rhode Island <b>Loan Closing Services</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Philip Mulberry</b>			Vice-President Name <b>None</b>		
Street Address <b>29 Rimwood Drive</b>			Street Address		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City	State	Zip
Secretary Name <b>Philip Mulberry</b>			Treasurer Name <b>Philip Mulberry</b>		
Street Address <b>29 Rimwood Drive</b>			Street Address <b>29 Rimwood Drive</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Philip Mulberry</b>			Director Name <b>None</b>		
Street Address <b>29 Rimwood Drive</b>			Street Address		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		<b>5000</b>		<b>CNP</b>	
				<b>\$-0-</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>Philip Mulberry</b>				Date <b>12/19/2017</b>	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					