



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

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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.

1. Entity ID Number 466608 <i>160006</i>		2. Exact name of the Corporation PDM SERVICES, INC.	
3. Principal Office Address 132 OLD RIVER ROAD, SUITE 205		City LINCOLN	State RI
		Zip 02865	
4. NAICS Code 339999	6. Brief description of the character of business conducted in Rhode Island LAWN AND GARDENING EQUIPMENT		
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 PAUL BOUTIETTE		Vice-President Name PAUL BOUTIETTE	
Street Address 16 CORNELL AVENUE		Street Address 16 CORNELL AVENUE	
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET
			State RI
			Zip 02818
Secretary Name PAUL BOUTIETTE		Treasurer Name PAUL BOUTIETTE	
Street Address 16 CORNELL AVENUE		Street Address 16 CORNELL AVENUE	
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET
			State RI
			Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name PAUL BOUTIETTE		Director Name	
Street Address 16 CORNELL AVENUE		Street Address	
City PAWTUCKET	State RI	Zip 02860	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	
		10,000	COMMON
			NO PAR
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 PAUL BOUTIETTE, PRESIDENT		Date 3/7/2018	
Signature of Authorized Representative <i>Paul R. Boutiette</i>			
SEE DOCUMENT HERE FILED			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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