



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

ST/

1. Entity ID Number 799038		2. Exact name of the Corporation Patti Doyle Communications, Inc.			
3. Principal Office Address 80 Fountain Street, Unit 208			City Pawtucket	State RI	Zip 02860
4. NAICS Code 541820		6. Brief description of the character of business conducted in Rhode Island Public Relations and Public Affairs			
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 None		
Street Address 80 Fountain Street, Unit 208			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Patricia A. Doyle			Treasurer Name Patricia A. Doyle		
Street Address 80 Fountain Street, Unit 208			Street Address 80 Fountain Street, Unit 208		
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 None			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	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 1/29/19
Signature of Authorized Representative <i>Patricia A. Doyle</i>					

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

BY 25667
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