



State of Rhode Island
Department of State - Business Services Division

FILED

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.

JUL 22 2024
BY 15364
[Signature]

| | | | | | |
|--|--------------------|--|--|--------------------|--------------------------|
| 1. Entity ID Number 000122466 | | 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. 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 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 | Zip 02886 |
| 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 | 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 | PAR VALUE |
| | | 100 Shares | | 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 7/17/2024 |
| 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