



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>1200</b>		2. Name of Corporation <b>Aquidneck Appliance Sales, Inc.</b>		
3. Street Address Principal Business Office <b>787 AQUIDNECK AVENUE</b>		City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
4. Business Phone No. <b>847-3000</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>4119</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>RETAIL APPLIANCE SALES</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>ROBERT O. BULK</b>		Vice President Name <b>PETER D. REED</b>		
Street Address <b>1150 GREEN END AVE</b>		Street Address <b>39 PEACEFUL WAY</b>		
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>
Secretary Name <b>ROBERT O. BULK</b>		Treasurer Name <b>PETER D. REED</b>		
Street Address <b>SAME</b>		Street Address <b>SAME</b>		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>ROBERT O. BULK</b>		Director Name <b>PETER D. REED</b>		
Street Address <b>SAME</b>		Street Address <b>SAME</b>		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series
<b>1,000 NO PAR VALUE</b>			<b>300</b>	<b>COMMON</b>
				<b>NO PAR</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 2 0 0 \*

File Date 3.8.04  
Check No. 3701  
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 1/26/04  
Signature of Officer Date  
**PETER D. REED**  
Print or Type Name of Officer  
**TREASURER**  
Title of Officer