



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

1200

Aquidneck Appliance Sales, Inc.

3. Street Address Principal Business Office

787 AQUIDNECK AVENUE

City

State

Zip

MIDDLETOWN

RI

02842

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 847-3000

RHODE ISLAND

4119

7. Brief Description of the Character of Business Conducted in Rhode Island

RETAIL APPLIANCE SALES & SERVICE

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

ROBERT O. BULK

Street Address

1150 GREEN END AVENUE

City

State

Zip

MIDDLETOWN RI 02842

Secretary Name

ROBERT O. BULK

Street Address

SAME

City

State

Zip

Vice President Name

PETER D. REED

Street Address

39 PEACEFUL WAY

City

State

Zip

PORTSMOUTH

R.I.

02871

Treasurer Name

PETER D. REED

Street Address

SAME

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

ROBERT O. BULK

Street Address

SAME

City

State

Zip

Director Name

PETER D. REED

Street Address

SAME

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

300

COMMON

NO PAR



\* 1 2 0 0 \*

File Date: 3.3.03

Check No.: 3602

By: UP

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 of Officer

Date

PETER D. REED

Print or Type Name of Officer

TREASURER

Title of Officer

Form 630 12/02