



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **1200** 2. Name of Corporation **Aquidneck Appliance Sales, Inc.**
3. Street Address Principal Business Office **787 AQUIDNECK AVENUE MIDDLETOWN RI 02842**
4. Business Phone No. **(401) 847-3000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4119**
7. Brief Description of the Character of Business Conducted in Rhode Island **RETAIL APPLIANCE SALES**

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

President Name ROBERT O. BULK	Vice President Name PETER D. REED
Street Address 1150 GREEN END AVENUE	Street Address 39 PEACEFUL WAY
City MIDDLETOWN RI 02842	City PORTSMOUTH RI 02871
Secretary Name ROBERT O. BULK	Treasurer Name PETER D. REED
Street Address SAME	Street Address SAME
City SAME	City SAME

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

Director Name ROBERT O. BULK	Director Name PETER D. REED
Street Address SAME	Street Address SAME
City SAME	City SAME
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	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

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



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File Date: 1-28-02

Check No.: 3489

By: [Signature]

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] 1/25/02
Signature of Officer Date

PETER D. REED
Print or Type Name of Officer

VICE-PRESIDENT
Title of Officer