



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

FORM MUST BE TYPED IN BLACK



1. Corporate ID No. <u>1200</u>		2. Name of Corporation <u>AQUIDNECK APPLIANCE SALES, INC</u>			
3. Street Address Principal Business Office <u>787 AQUIDNECK AVENUE</u>		City <u>MIDDLETOWN</u>		State <u>RI</u>	Zip <u>02842</u>
4. Business Phone No. <u>(401) 847-3000</u>		5. State of Incorporation <u>RHODE ISLAND</u>			6. SIC Code <u>4119</u>
7. Brief Description of the Character of Business Conducted in Rhode Island <u>RETAIL APPLIANCE SALES</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>ROBERT O. BULK</u>			Vice President Name <u>PETER D. REED</u>		
Street Address <u>1150 GREEN END AVENUE</u>			Street Address <u>36 LAWTON BROOK LANE</u>		
City <u>MIDDLETOWN</u>	State <u>RI</u>	Zip <u>02842</u>	City <u>PORTSMOUTH</u>	State <u>RI</u>	Zip <u>02871</u>
Secretary Name <u>ROBERT O BULK</u>			Treasurer Name <u>PETER D. REED</u>		
Street Address <u>SAME</u>			Street Address <u>SAME</u>		
City <u>SAME</u>	State <u>SAME</u>	Zip <u>SAME</u>	City <u>SAME</u>	State <u>SAME</u>	Zip <u>SAME</u>
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>ROBERT O. BULK</u>			Director Name <u>PETER D. REED</u>		
Street Address <u>SAME</u>			Street Address <u>SAME</u>		
City <u>SAME</u>	State <u>SAME</u>	Zip <u>SAME</u>	City <u>SAME</u>	State <u>SAME</u>	Zip <u>SAME</u>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	Par Value
<u>1,000</u>	<u>COMMON</u>	<u>NO PAR</u>	<u>300</u>	<u>COMMON</u>	<u>NO PAR</u>

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

File Date: 2/21
3409
Check No.: 22
By: _____
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.

P D Reed 2/20/01
Signature of Officer Date
PETER D REED
Print or Type Name of Officer
TREASURER
Title of Officer