



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

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** City **MIDDLETOWN** State **R.I.** Zip **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 <b>ROBERT O. BULK</b>	Vice President Name <b>PETER D. REED</b>
Street Address <b>1150 GREEN END AVENUE</b>	Street Address <b>36 LAWTON BROOK LANE</b>
City <b>MIDDLETOWN</b> State <b>R.I.</b> Zip <b>02842</b>	City <b>PORTSMOUTH</b> State <b>R.I.</b> Zip <b>02871</b>
Secretary Name <b>PETER D. REED</b>	Treasurer Name <b>PETER D. REED</b>
Street Address <b>SAME</b>	Street Address <b>SAME</b>
City <b>SAME</b> State <b>SAME</b> Zip <b>SAME</b>	City <b>SAME</b> State <b>SAME</b> Zip <b>SAME</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) 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 <b>SAME</b> State <b>SAME</b> Zip <b>SAME</b>	City <b>SAME</b> State <b>SAME</b> Zip <b>SAME</b>
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>1000 SHS NO PAR VAL</b>		

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

ISSUED SHARES	Class/Series	Par Value
<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



File Date: 2.29.00  
 Check No.: 3302  
 By: ICP

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.

Peter D. Reed 2/28/00  
 Signature of Officer Date  
PETER D. REED  
 Print or Type Name of Officer  
TREASURER  
 Title of Officer