



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

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 LAUNTON 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  
Number of Shares Class/Series Par Value  
**1000 SHS NO PAR VAL**

**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



\* 1 2 0 0 \*

File Date: 1/16/99  
3203  
Check No.: \_\_\_\_\_  
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 of Officer: [Signature] Date: 2/2/99  
Print or Type Name of Officer: PETER D. REED  
Title of Officer: TREASURER