



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 142767		2. Name of Corporation Aquidneck Storage Inc.			
3. Street Address Principal Business Office 3266 East Main Road			City Portsmouth	State RI	Zip 02871
4. Business Phone No. 401 683-7665		5. State of Incorporation RHODE ISLAND		6. SIC Code 8888	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE STORAGE FOR PERSONAL AND COMMERCIAL USE FOR RENT ON A MONTHLY BASIS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gary A Vital			Vice President Name Alison M Vital		
Street Address 56 Cypress Ave			Street Address 3266 E. Main Road		
City Tiverton	State RI	Zip 02878	City Portsmouth	State RI	Zip 02871
Secretary Name Paula A Vital			Treasurer Name Andrew F Vital		
Street Address 56 Cypress Ave			Street Address 56 Cypress Ave		
City Tiverton	State RI	Zip 02888	City Tiverton	State RI	Zip 02878
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
1,000 NO PAR VALUE		non	none		

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



File Date 3-1-05
 Check No. 03223599836
 By a
 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.

Alison M Vital 2/23/05
 Signature of Officer Date
Alison M. Vital
 Print or Type Name of Officer
Vice President
 Title of Officer