



**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year:**  
**Benefit Profit Corporation**

2024

- Filing period: within 120 days following the end of the fiscal year  
→ Filing Fee: \$60.00  
→ Penalty: Additional \$25.00 fee if form is not filed within 150 days of the fiscal year end.

REC'D RIDOS BSD  
24 MAY 1 PM 2:25:25

MAY 01 2024

2067 02

1. Entity ID Number <b>001716934</b>		2. Exact name of the Corporation <b>Aquidneck Light, Inc.</b>			
3. Principal Office Address <b>85 Glen Road</b>			City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
4. NAICS Code <b>517311</b>			5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>FISCAL YEAR END DECEMBER 31. ANNUAL REPORT DUE BY APRIL 30 EACH YEAR. DIGITAL EQUITY, ECONOMIC DEVELOPMENT, RESILIENCY OF CRITICAL COMMUNICATIONS INFRASTRUCTURE, AND IMPROVED EDUCATIONAL OUTCOMES. 10,000,000 CWP 0.00001.</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Theodore Lloyd Pietz, Jr.</b>			Vice-President Name		
Street Address <b>85 Glen Road</b>			Street Address		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City	State	Zip
Secretary Name <b>Theodore Lloyd Pietz, Jr.</b>			Treasurer Name <b>Theodore Lloyd Pietz, Jr.</b>		
Street Address <b>85 Glen Road</b>			Street Address <b>85 Glen Road</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized  This information is currently of record in the Department of State. Changes require an additional filing.  Check if stock is publicly traded. <input type="checkbox"/>			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE

**MAIL TO:**

**Division of Business Services**  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

11. The following provisions require a narrative description:

a. The ways in which the benefit corporation pursued general public benefit during the year and the extent to which general public benefit was created:

Increase public technical awareness to create informed consumers and disrupt the opaque broadband industry through a commitment to transparency, guided by the ACM's Code of Ethics.

b. The ways in which the benefit corporation pursued a specific public benefit that the Articles of Incorporation state is the purpose of the benefit corporation and the extent to which that specific public benefit was created:

Serve as an honest broker as Rhode Island tackles complex technical and programmatic challenges, as the state positions itself to execute unprecedented levels of federal investment in broadband.

c. Any circumstances that have hindered the creation by the benefit corporation of general public benefit or specific public benefit:

Not applicable.

d. The process and rationale for selecting or changing the third-party standard used to prepare the benefit report:

Not applicable.

e. Provide an assessment of the overall social and environmental performance of the benefit corporation against a third-party standard, either applied consistently with any application of that standard in prior benefit reports or accompanied by an explanation of the reasons for any inconsistent application or the change to that standard from the one used in the immediately prior report:

100% fiber network deployments require significantly less power to operate than alternate broadband technologies. Provide consumer benefits from increased affordability, network reliability, and resiliency.

f. Name and address of the Benefit Director: *(Required if stock is publicly traded.)*

Not applicable.

g. Name and address of the Benefit Officer: *(If not applicable, state "NONE.")*

NONE.

h. The statement of the benefit director described in subsection 7-5.3-8(c):

Not applicable.

i. A statement of any connection between the organization that established the third-party standard, or its directors, officers or any holder of 5% or more of the governance interests in the organization and the benefit corporation or its directors, officers or any holder of 5% or more of the outstanding shares of the benefit corporation. The statement should include any financial or governance relationship which might materially affect the credibility of the use of the third-party standard:

Not applicable.

j. If the benefit corporation has dispensed with, or restricted the discretion or powers of the board of directors, indicate the persons that exercise the powers, duties, and rights and who has the immunities of the board of directors. Name(s) and address of the person(s) that exercise the powers, duties and rights of a benefit director:

Not applicable.

k. If during the year covered by this benefit report, a benefit director resigned from or refused to stand for reelection to the position of benefit director, or was removed from the position, and the benefit director furnished the benefit corporation with any written correspondence concerning the circumstances surrounding the resignation, refusal, or removal, the benefit report shall include that correspondence as an exhibit.

12. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

13. *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.*

Name of Authorized Representative

Theodore Lloyd Pietz, Jr.

Date

3/9/2024

Signature of Authorized Representative

*Theodore Lloyd Pietz, Jr.*