



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAY 03 2024

BY 34507

1. Entity ID Number 000061720		2. Exact name of the Corporation AQUIDENCK MOTORS INC			
3. Principal Office Address 360 WEST MAIN RD		City MIDDLETOWN		State RI	Zip 02842
4. NAICS Code 811110		6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE SALES AND SERVICE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name REED DE HORSEY III			Vice-President Name REED DE HORSEY III		
Street Address 38 BERKELEY AVE			Street Address 38 BERKELEY AVE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name REED DE HORSEY III			Director Name REED DE HORSEY III		
Street Address 38 BERKELEY AVE			Street Address 38 BERKELEY AVE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐			
		NUMBER OF SHARES 1000	CLASS/SERIES COMMON	PAR VALUE NO PAR	
11. 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. 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 REED DE HORSEY III				Date 4-30-24	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised 12/2023