



Department of State - Business Services Division

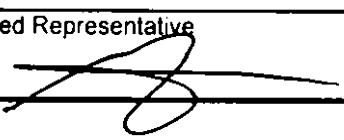
Annual Report for the year: **2025**  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 23 2025

BY 3480DEG

1. Entity ID Number <b>000061720</b>		2. Exact name of the Corporation <b>AQUIDNECK MOTORS INC</b>			
3. Principal Office Address <b>360 WEST MAIN RD</b>		City <b>MIDDLETOWN</b>		State <b>RI</b>	Zip <b>02842</b>
4. NAICS Code <b>811110</b>		6. Brief description of the character of business conducted in Rhode Island <b>AUTOMOTIVE SALES AND SERVICE</b>			
5. State of Incorporation <b>RI</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>REED DE HORSEY III</b>			Vice-President Name <b>REED DE HORSEY III</b>		
Street Address <b>38 BERKELEY AVE</b>			Street Address <b>38 BERKELEY AVE</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>REED D EHORSEY III</b>			Treasurer Name <b>REED DE HORSEY III</b>		
Street Address <b>38 BERKELEY AVE</b>			Street Address <b>38 BERKELEY AVE</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>0284</b>	City <b>NEWPORT</b>	State	Zip
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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		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			
		<b>1000</b>		<b>COMMON</b>	
				<b>NO PAR</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>REED DE HORSEY III</b>				Date <b>1-17-25</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	