



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

|                                                                                                                                                                                                         |  |                                                                                                            |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>001711648</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>Aquidneck Cloud, LLC</b>                              |                    |
| 3. NAICS Code<br><b>541690</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Consulting services.</b> |                    |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                            |  |                                                                                                            |                    |
| 6. Principal Office Address<br><b>85 Glen Road</b>                                                                                                                                                      |  | City<br><b>Portsmouth</b>                                                                                  | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02871</b>                                                                                        |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                            |                    |
| Contact Name<br><b>Theodore Pietz</b>                                                                                                                                                                   |  | Contact Title<br><b>Principal</b>                                                                          |                    |
| Street Address<br><b>85 Glen Road</b>                                                                                                                                                                   |  | City<br><b>Portsmouth</b>                                                                                  | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02871</b>                                                                                        |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |  |                                                                                                            |                    |
| 9. 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 Person<br><b>Theodore Pietz</b>                                                                                                                                                      |  | Date<br><b>5/1/2025</b>                                                                                    |                    |
| Signature of Authorized Person<br><i>Theodore Pietz</i>                                                                                                                                                 |  |                                                                                                            |                    |

FILED  
MAY 05 2025  
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MAIL TO:

Division of Business Services

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