



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|  |              |   |  |              |              |
|--|--------------|---|--|--------------|--------------|
| 1. Corporate ID No.<br>99647   |              | 2. Name of Corporation<br>Dish Doctors, Inc |  |              |              |
| 3. Street Address Principal Business Office<br>69 Illinois Avenue  |              |   | City<br>Warwick                                | State<br>RI  | Zip<br>02888 |
| 4. Business Phone No.<br>401-737-6305  |              | 5. State of Incorporation<br>Rhode Island   |  |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Sales and distribution of soap and soap related products to restaurants, institutions and health care facilities. |              |   |  |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |   |  |              |              |
| President Name<br>David Salerno  |              |   | Vice President Name<br>David Salerno           |              |              |
| Street Address<br>52 Metropolitan Drive  |              |   | Street Address<br>52 Metropolitan Drive        |              |              |
| City<br>Warwick  | State<br>RI  | Zip<br>02886                                | City<br>Warwick                                | State<br>RI  | Zip<br>02886 |
| Secretary Name<br>David Salerno  |              |   | Treasurer Name<br>David Salerno                |              |              |
| Street Address<br>52 Metropolitan Drive  |              |   | Street Address<br>52 Metropolitan Drive        |              |              |
| City<br>Warwick  | State<br>RI  | Zip<br>02886                                | City<br>Warwick                                | State<br>RI  | Zip<br>02886 |
| 8. 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          |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>  |              |   |  |              |              |
| AUTHORIZED SHARES  |              |   | ISSUED SHARES — THIS SECTION MUST BE COMPLETED |              |              |
| Number of Shares   | Class/Series | Par Value                                   | Number of Shares                               | Class/Series | Par Value    |
| 1,000 Shares common stock no par value   |              |   | 215 Shares                                     | common stock | no par value |
|  |              |   | THIS SECTION MUST BE COMPLETED                 |              |              |

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.

**FILED**  
File Date  
Check No. MAR 25 2008  
By 7350 mnc  
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.

Signature

Date

David Salerno

Print or Type Name

President

Title