


 State of Rhode Island and Providence Plantations
 Department of State – Business Services Division
ANNUAL REPORT FOR THE YEAR 2018

Corporation

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

| | | | | | |
|---|--------------------|---|--|--------------------|---------------------|
| 1. Corporate ID No 99647 | | 2. Name of Corporation DISH DOCTORS, INC. | | | |
| 3. Street Address Principal Business Office 69 Illinois Avenue | | | City Warwick | State RI | Zip 02888 |
| 4. NAICS Code 541410 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island 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 David B. Salerno | | | Vice President Name | | |
| Street Address 69 Illinois Avenue | | | Street Address | | |
| City Warwick | State RI | Zip 02888 | City | State | Zip |
| Secretary Name David B. Salerno | | | Treasurer Name David B. Salerno | | |
| Street Address 69 Illinois Avenue | | | Street Address 69 Illinois Avenue | | |
| City Warwick | State RI | Zip 02888 | City Warwick | State RI | Zip 02888 |
| 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 type="checkbox"/> | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | ISSUED SHARES - THIS SECTION MUST BE COMPLETED | | |
| | | | Number of Shares | Class Series | Par Value |
| | | | 215 shares common stock of no par value | | |

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.

Signature

David Salerno

Print or Type Name

President

Title

FILED

JUN 04 2018

BY 10036 ds

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov