



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 99647		2. Name of Corporation DISH DOCTORS, INC.			
3. Street Address Principal Business Office 170 Knight Street			City Warwick	State RI	Zip 02886
4. Business Phone No. 401-737-6305		5. State of Incorporation RHODE ISLAND			6. SIC Code 9
7. 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.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David Salerno			Vice President Name David Salerno		
Street Address 52 Metropolitan Drive			Street Address 52 Metropolitan Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name David Salerno			Treasurer Name David Salerno		
Street Address 52 Metropolitan Drive			Street Address 52 Metropolitan Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			210	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 6/7/05
Check No. 1137 C. 68104
By: KML
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 of Officer David Salerno Date 6-7-05
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 99647		2. Name of Corporation DISH DOCTORS, INC.			
3. Street Address Principal Business Office 170 KNIGHT STREET			City WARWICK	State RI	Zip 02886
4. Business Phone No. 4017376305		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
* 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.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David Salerno			Vice President Name David Salerno		
Street Address 52 Metropolitan Drive			Street Address 52 Metropolitan Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name David Salerno			Treasurer Name David Salerno		
Street Address 52 Metropolitan Drive			Street Address 52 Metropolitan Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
1,000	NO PAR VALUE		210	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



9 9 6 4 7

99647 DBC 02/22/04 01:37:00 PM

File Date 2/24/04

Check No. 3083

By: ls

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 of Officer David Salerno Date 2-23-04

Print or Type Name of Officer
David Salerno

Title of Officer President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *99647*		2. Name of Corporation DISH DOCTORS, INC.			
3. Street Address Principal Business Office 170 Knight Street			City WARWICK	State RI	Zip 02886
4. Business Phone No. 4017376305		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. 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.					

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name David Salerno			Vice President Name David Salerno		
Street Address 52 Metropolitan Drive			Street Address 52 Metropolitan Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name David Salerno			Treasurer Name David Salerno		
Street Address 52 Metropolitan Drive			Street Address 52 Metropolitan Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		210	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 9 6 4 7 *

99647 DBC1/28/038:00:54 PM

File Date: 2/5/03

Check No. 2690

By: [Signature]

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] 1-2-9-03
Signature of Officer Date
David Salerno
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **99647** 2. Name of Corporation **DISH DOCTORS, INC.**
3. Street Address Principal Business Office **67 ALHAMBRA ROAD** City **WARWICK** State **RI** Zip **02886**
4. Business Phone No. **(401) 737-6305** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
COMMERCIAL SOAP SALES & DISTRIBUTION

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name DAVID MEDBURY	Vice President Name DAVID SALERNO
Street Address 24 SILK LANE	Street Address 52 METROPOLITAN DRIVE
City N. SCITUATE State RI Zip 02857	City WARWICK, State RI Zip 02886
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
210 COMMON NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 9 6 4 7 *

File Date: 3-28-02
Check No.: 2325
By: [Signature]

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 of Officer: David Medbury Date: 3/20/02
Print or Type Name of Officer: DAVID MEDBURY
Title of Officer: PRESIDENT

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **99647** 2. Name of Corporation **DISH DOCTORS, INC.**

3. Street Address Principal Business Office **67 ALHAMBRA ROAD** City **WARWICK** State **RI** Zip **02886**

4. Business Phone No. **(401) 737-6305** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6**

7. Brief Description of the Character of Business Conducted in Rhode Island
COMMERCIAL SOAP SALES & DISTRIBUTION

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name DAVID MEDBURY	Vice President Name DAVID SALERNO
Street Address 33 BRASSIE COURT	Street Address 52 METROPOLITAN DRIVE
City COVENTRY State RI Zip 02816	City WARWICK State RI Zip 02886

Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO	PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
210	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



* 9 9 6 4 7 *

File Date: 3-27-01
1881
Check No.: _____
By: [Signature]

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.

David Medbury 3/16/01
Signature of Officer Date

DAVID MEDBURY

Print or Type Name of Officer

PRESIDENT

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **99647** 2. Name of Corporation **DISH DOCTORS, INC.**
3. Street Address Principal Business Office **67A Alhambra Road** City **Warwick** State **RI** Zip **02886**
4. Business Phone No. **(401) 737-2989** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Sales and Distribution of soap and related products

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name David R. Medbury Street Address 33 Brassie Court City Coventry State RI Zip 02816	Vice President Name David R. Salerno Street Address 52 Metropolitan Drive City Warwick State RI Zip 02886
Secretary Name David R. Medbury Street Address 33 Brassie Court City Coventry State RI Zip 02861	Treasurer Name David B. Salerno Street Address 52 Metropolitan Road City Warwick State RI Zip 02886

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name None Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	NO PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	-200-	Common	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 8-28-00
Check No.: 1680
By: AMF

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 of Officer David R. Medbury Date 8/25/00
Print or Type Name of Officer David R. Medbury
Title of Officer President

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 99847		2. Name of Corporation DISH DOCTORS, INC.	
3. Street Address Principal Business Office 67A Alhambra Road		City Warwick	State RI
4. Business Phone No. (401) 737-2989		5. State of Incorporation RHODE ISLAND	6. SIC Code 02886
7. Brief Description of the Character of Business Conducted in Rhode Island Sales and Distribution of soap and related products			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name David R. Medbury		Vice President Name David B. Salerno	
Street Address 33 Brassie Court		Street Address 52 Metropolitan Drive	
City Coventry	State RI	City Warwick	State RI
Zip 02816		Zip 02886	
Secretary Name David R. Medbury		Treasurer Name David B. Salerno	
Street Address 33 Brassie Court		Street Address 52 Metropolitan Road	
City Coventry	State RI	City Warwick	State RI
Zip 02816		Zip 02886	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name -None-		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
1,000 NO PAR VALUE		-200-	Common
			None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Feb 16, 1999
Check No.: 1203
By: [Signature]

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 of Officer: David R. Medbury
Date: 2-10-99
Print or Type Name of Officer: David R. Medbury
Title of Officer: President