



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

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. 138548 | | 2. Name of Corporation RHODE ISLAND SOAPWORKS, INC. | | |
| 3. Street Address Principal Business Office 123 JOE SARLE ROAD | | City CHEPAK HET | State RI | Zip 02814 |
| 4. Business Phone No. 401 647 9196 | | 5. State of Incorporation RHODE ISLAND | | 6. SIC Code 1883 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURE AND SALE OF SOAP AND BATH PRODUCTS AND RELATED ITEMS | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name JOY SCHUYLER | | Vice President Name JOY SCHUYLER | | |
| Street Address 123 JOE SARLE RD | | Street Address SAME | | |
| City Chepakhet | State RI | Zip 02814 | City | State |
| Secretary Name JOY SCHUYLER | | Treasurer Name JOY SCHUYLER | | |
| Street Address SAME | | Street Address SAME | | |
| City | State | Zip | City | State |
| 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 | Zip | City | State |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 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 |
| 600 NO PAR VALUE | | | NONE | |

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



FILED

File Date FEB 22 2005
Check No. 1085
By KBO

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 JOY E. SCHUYLER Date 1/6/05
Print or Type Name of Officer
PRESIDENT
Title of Officer