



State of Rhode Island and Providence Plantations
Department of State – Business Services Division

FILED STAMP

ANNUAL REPORT FOR THE YEAR 2021

Corporation

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

MAR 5 2021

BY 1656

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
5. 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) ☐ 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) ☐ 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) ☐ 10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐					
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

Date

David Salerno

Print or Type Name

President

Title

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040