



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

STAMP
FOR
SECRETARY OF STATE
USE ONLY

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000099647		2. Exact name of the Corporation DISH DOCTORS, INC.			
3. Principal Office Address 69 Illinois Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 541410		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.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name David B. Salerno			Vice-President Name		
Street Address 42 Freeman Street			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name David B. Salerno			Treasurer Name David B. Salerno		
Street Address 42 Freeman Street			Street Address 42 Freeman Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 215	CLASS/SERIES Common Shares	PAR VALUE 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.					
Name of Authorized Representative David B. Salerno			FILED		Date 5-20-24
Signature of Authorized Representative					

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

BY

MAY 28 2024

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