



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>45767</u>		2. Name of Corporation <u>RED STAR MATTRESS + UPHOLSTERY CO, INC.</u>			
3. Street Address Principal Business Office <u>402 MENDON RD</u>			City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>
4. Business Phone No. <u>401-658-3200</u>		5. State of Incorporation <u>R. I.</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>TO SELL MATTRESSES, CARPETING + DO UPHOLSTERING</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>MARIA VRACIC</u>			Vice President Name		
Street Address <u>32 GRAND AVE</u>			Street Address		
City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>	City	State	Zip
Secretary Name			Treasurer Name <u>MARIA VRACIC</u>		
Street Address			Street Address <u>32 GRAND AVE</u>		
City	State	Zip	City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>
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 <u>SAME AS ABOVE</u>		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address <u>SAME AS ABOVE</u>		
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"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>8,000</u>	<u>\$ 1.00</u>	<u>PAR VALUE</u>	<u>NONE</u>		

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.

File Date	<u>2-26-09</u>
Check No.	<u>5500</u>
By:	<u>MNC</u>
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 Maria Vracic Date 2/24/09
Print or Type Name MARIA VRACIC
Title PRESIDENT